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**APPEAL OF HEARING  
EXAMINER FINDINGS AND  
RECOMMENDATION IN THE  
APPLICATION OF  
SEATTLE CHILDREN'S HOSPITAL  
FOR APPROVAL OF A MIMP**



**THE  
BUCK  
LAW GROUP**

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August 25, 2009

Seattle City Council  
Planning, Land Use and Neighborhoods Committee  
c/o Seattle City Clerk  
600 Fourth Avenue, Floor 3  
P.O. Box 94728  
Seattle, WA 98124-4728

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CITY CLERK

**RE: Appeal of Hearing Examiner Findings and Recommendation in the Application of Seattle Children's Hospital for Approval of a MIMP**

Dear Committee Members:

Laurelon Terrace hereby appeals the recommendation of the Hearing Examiner in the above-referenced case. It asks that the Council make its own balancing decision under SMC 23.69.002 B and SMC 23.69.025 and approve the MIMP application of Children's Hospital.<sup>1</sup>

The Hearing Examiner does not cite a single provision of the Seattle Municipal Code that mandates denial. Instead, she bases her decision on a subjective application of the balancing test set forth in the Code that even she concedes provides little guidance. See Conclusion No. 46 ("The Code does not dictate what the balance should be."). The Examiner recites her key conclusion in terms of an overly simplistic analogy of fitting a square peg into a round hole. This is found at Conclusion 43 of her Recommendation. Unfortunately, she made both an error of law as to what constitutes the hole and an error in geometry as to whether the peg would fit.

To be clear, the future of health care for young people in our City, our region, and our surrounding states rests with the balancing decision required by the Seattle Municipal Code. SMC 23.69.002 B directs the City to "Balance the Major Institution's ability to change and the public benefit derived from change with the need to protect the livability and vitality of adjacent neighborhoods . . . ." (emphasis added). SMC 23.69.025 similarly states that the intent of a MIMP is to "balance the needs of the Major Institutions to develop facilities for the provision of health care or educational services with the need to minimize the impact of Major Institution development on surrounding neighborhoods." (emphasis added).

<sup>1</sup> Laurelon Terrace adopts by this reference the appeal arguments of the other parties supporting the Children's Hospital position, including Children's Hospital's requests for modifications of conditions.





This balancing decision is the province of the City Council. It is to be based on the record below. Much of that record was developed by the Citizens' Advisory Committee, the DPD, Environmental Impact Statement, public comments, etc. All of this is in addition to the Hearing Examiner proceeding. Relevant excerpts of that evidence (all from the record before the Council) are contained in Attachments 1 and 2 to this appeal.

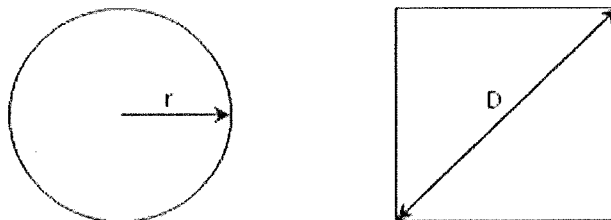
Sadly for all, the Examiner failed to understand what is to be balanced and therefore what constitutes the "hole" in her hole-peg analogy. She properly cites (but then ignores) 23.69.002 B and SMC 23.69.025 which respectively call for the balancing of "the public benefit derived from the change" and the "needs of the Major Institutions to develop facilities for the provision of health care." She seems to understand what should be balanced in Conclusion 39. But in the following Conclusions 40+ she misses the point and starts to balance the impacts of the hospital and what she perceives to be the willingness or ability of a single community to absorb those impacts. This mistake is fatal. She simply did not balance what is mandated by SMC 23.69.002 B and SMC 23.69.025.

The Examiner's simplistic conclusion on balancing is as follows:

43. It is apparent . . . Children's is asking that the proverbial "square peg" be forced into a "round hole," but it does not fit.

The Council can and should reverse the Hearing Examiner's findings and recommendation by simply concluding that the round hole (*i.e.*, an institution's need to change and benefits of expanded health care) is big enough to accommodate the square peg (*i.e.*, the mitigated hospital proposal and its impacts on neighborhoods).<sup>2</sup>

The geometry of this matter is more complex than the Hearing Examiner recognizes. A square peg easily fits through a round hole in every instance where the distance between the opposite corners of the square peg is less than the diameter of the round hole. This is illustrated in the following equation.



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<sup>2</sup> It is noted that SMC 23.69.002 B and SMC 23.69.025 do not talk in terms of one neighborhood. They talk in the plural of neighborhoods. The Examiner seems to have been confused in her frequent references to Laurelhurst as the neighborhood affected. Actually the Hospital lies on the very periphery of Laurelhurst. And, as can be seen in Attachment 1, an overwhelming number of people in Northeast Seattle support the Hospital expansion. Indeed, Attachment 1 shows that a large number of people in Laurelhurst do also, contrary to the implications of LCC and the assumptions of the Hearing Examiner who erroneously seemed to think LCC represented the Laurelhurst community as a whole.

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If  $2r > D$ , then the square peg fits into the round hole.

To answer the peg-through-the-hole puzzle, one needs to inquire how big the square peg is (the mitigated hospital and its impacts) and how big the round hole is (the need of an institution to change, and the benefits associated with that change).

Size of peg. Children's, over the course of a two-year planning process, reduced the size of its square peg. The Hospital plan was moved downhill to the Laurelon Terrace and Hartmann sites. This resulted in a large reduction in impacts to the neighborhood. The height of the proposed structure dropped from the proposed 240 feet to 160 feet. The Hospital eliminated the proposed entrances on neighborhood streets of 45th and 50th. The Hospital developed a transportation plan to: reduce the percentage of employees using SOV to 30%; fund development of an Intelligent Transportation System for the two main corridors; make capital contributions to priority City projects in these corridors; and contribute \$2 million to unfunded bicycle and pedestrian projects in the neighborhoods surrounding Children's. It also planned its project with sophisticated setbacks. All of this reduced the size of the peg.

Size of hole. A graphic illustration of the complexity of the size of the hole is seen in illustrative Figure 1 on the following page. The size of the hole is plenty big to accommodate the peg, except under the most insular viewpoint.

The overwhelming evidence is that the affected communities of Seattle believe the need (hole) is plenty big to accommodate the mitigated hospital plan (peg). Please see the numerous letters in Attachment 1, which have been highlighted for ease of reference. That highlighting identifies residents of Laurelhurst and NE Seattle.

The NE Seattle community is willing to wait a few extra seconds at a stoplight if that is the price to be paid for an expanded hospital so that there are enough beds, and sick or injured children do not have to wait hours or days for a hospital bed.

- "I attended the meeting the other day at the Horticultural center and tried very hard to be objective and listen to both sides. I realize that there will be an inconvenience to the traffic pattern that I drive every day, up and down the Sand Point corridor. But my conclusion after that meeting was still the same. Life goes on, progress happens, lives are being saved every day because of the incredible work Children's Hospital does. The fact that I am going to be inconvenienced means nothing to the good work that is done every day." E-mail of Debbie Covey, July 20, 2008, Attachment 1 p. 101.
- "This expansion is critical to the community. Though there may be some traffic impacts, the benefits far exceed the minor inconveniences." Letter of Duane Covey, July 22, 2008, Attachment 1 p. 102.
- "As residents of Wedgwood we are technically neighbors of the hospital. At the very least we will be affected by traffic—but consider that a small price to pay (and traffic will increase whether Children's expands or not). All members of our society and residents of Seattle must

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share the burden/challenges of providing for the needs of all." E-mail of Mary and Charles Davis, July 21, 2008, Attachment 1 p. 114.

- "The concerns of the neighbors regarding traffic and building heights are overwhelmed by the concern for sustained pediatric medical services in the area. No other hospital provides the sort of family-centered, wholistic treatment for children that Children's Hospital has delivered every day for many years." Letter of Tamara Denning, July 23, 2008, Attachment 1 p. 123.
- "I have weighed the issues of increased traffic and usage of our neighborhood versus the benefit of a Children's Hospital expansion, and believe that the best course is for the community and the city to support Alternative 7, which would annex Laurelon Terrace and build Children's Hospital's expansion next to Sand Point Way." Letter of Hilary Howarth, July 7, 2008, Attachment 1 p. 241.
- "Traffic is a concern, but most people realize it is a small price to pay for the sort of medical miracles Children's Hospital delivers." Letter of Frances Mao, July 23, 2008, Attachment 1 p. 325.
- "The benefits of a pediatric regional medical center with the capacity to meet the community's needs far outweigh the potential inconveniences of traffic and impaired views." Letter of Jennifer Pelkey, July 22, 2008, Attachment 1 p. 408.
- "I am a local resident living at the intersection of Sand Point Way NE and 70<sup>th</sup> Ave NE. I do not like to sit in traffic. However, I support Children's Hospital's expansion plans under Alternative 7. I believe the needs of the hospital, especially under an alternative that has addressed the majority of the community's concerns, trump concerns about some added congestion in my neighborhood." Comment of Joel P. Sisolak, Attachment 1 p. 510.

The Hearing Examiner erroneously based her decision on a view of a tiny, albeit vocal, subset of the people in a small neighborhood. Notably, Laurelhurst is only one of many NE Seattle communities affected. Additionally, LCC consists of a very small group of the people living in Laurelhurst and hardly can be said to speak for Laurelhurst. There is not a shred of evidence, nor could there be, that LCC ever polled the residents of Laurelhurst as to their view of this matter. For one person's detailed view of the dynamics of LCC, see Attachment 2. Statements by others from Laurelhurst noting that the LCC does not speak for Laurelhurst can be found in the set of letters to the Hearing Examiner attached to this appeal letter.

- "Not once has the Laurelhurst Community Club board sent us or any other neighbor a questionnaire or a poll as to how we view the new expansion. They seem to have taken on the hospital expansion with a rigor and desperation that does not reflect the people I know or speak to about this matter. ...They make all neighborhood decisions alone." Letter of Ingrid Savage, February 23, 2009, Attachment 1, H.E. Letters, Ex. 2.
- "While the LCC may claim to represent me, they in fact do not, and their efforts to convince you otherwise are dishonest and border on fraudulent." Letter of Steve Wilson, March 3, 2009, Attachment 1, H.E. Letters, Ex. 2.

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To: Seattle City Council

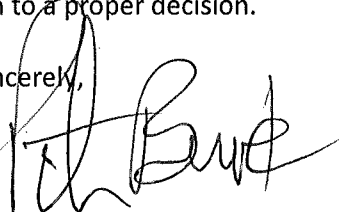
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- "I want you to know that throughout the fourteen years I've lived in Laurelhurst, I do not remember a single time that LCC polled my opinion on a community issue." Letter of Robert H. Quint, February 20, 2009, Attachment 1, H.E. Letters, Ex. 2.

Laurelon Terrace asks the Council to adopt the balancing implicit in the recommendation of the Citizens' Advisory Committee staffed by the Department of Neighborhoods. It held 26 public meetings over a period of 18 months. Recommendation at 4. It received 248 public comments. *Id.* It reviewed and commented on the SEPA documents. *Id.* The Citizens' Advisory Committee has supplied all of the support possibly needed for the Council to make a better balancing decision than that of the Hearing Examiner. The same is true of the recommendation of the Department of Planning and Development. These considered recommendations show the path to a proper decision.

Sincerely,

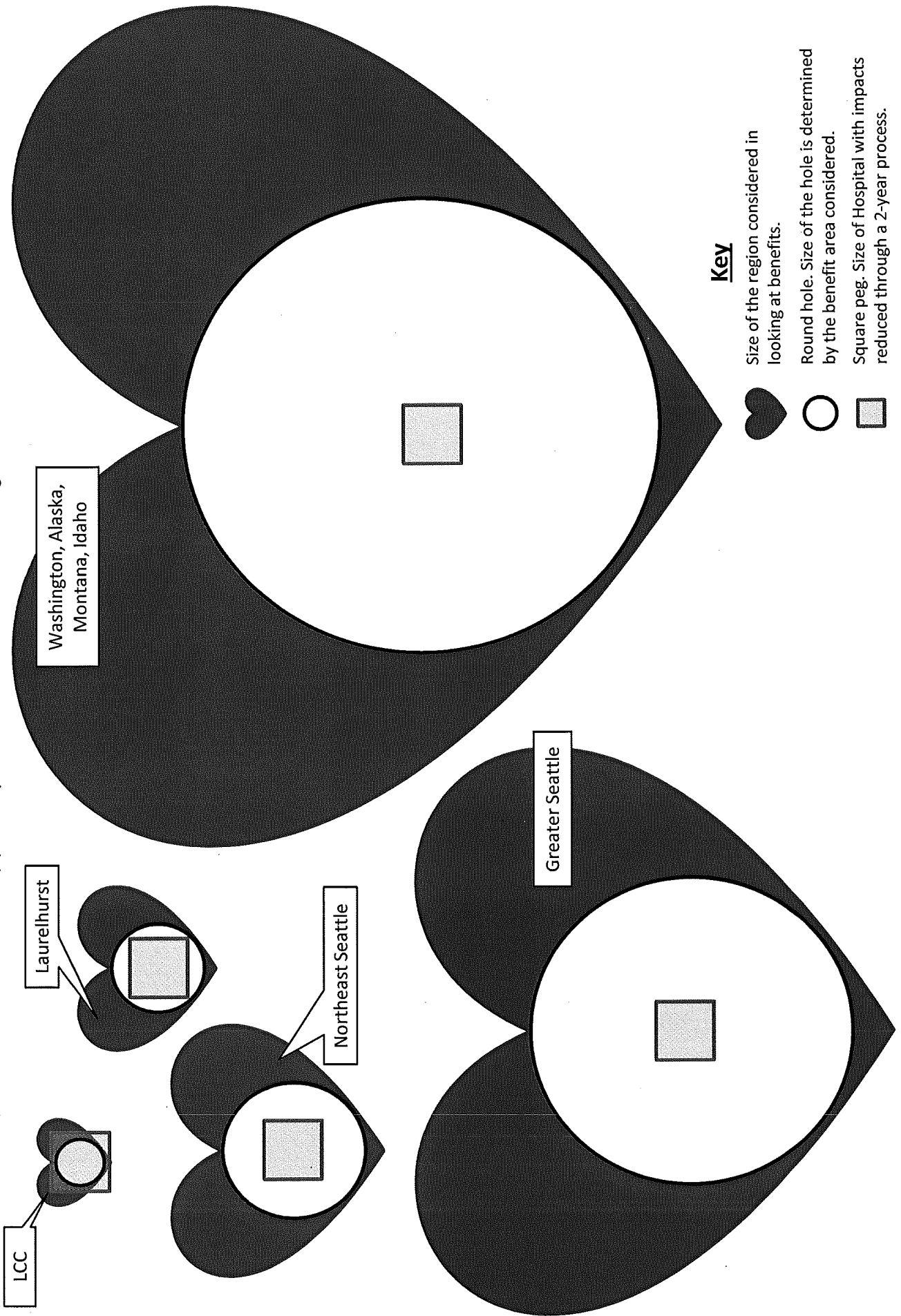
A handwritten signature in black ink, appearing to read "P. L. Buck", with a stylized flourish extending from the end.

Peter L. Buck  
Attorney for Laurelon Terrace





**Figure 1.** In her discussion on balancing the benefits of a major institution's expansion, the Hearing Examiner made an error in basic geometry when she concluded that a square peg does not fit within a round hole. HE Conclusion No. 43. The determining factor is the diameter of the hole, which under SMC 23.69.002(B) is "the public benefit derived from the change."



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## **Appendix E**

### **Comments and Responses on the Draft EIS**



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# STATE OF ALASKA

## DEPT. OF HEALTH AND SOCIAL SERVICES DIVISION OF PUBLIC HEALTH SECTION OF WOMEN'S, CHILDREN'S AND FAMILY HEALTH

SARAH PALIN, GOVERNOR

4701 Business Park Blvd. Ste. 20, Bldg. J  
Anchorage, Alaska 99503-7123  
PHONE: (907) 269-3400  
FAX: (907) 269-3465

July 22, 2008

Department of Planning and Development (DPD)  
Attn: Scott Ringgold  
P.O. Box 34019  
Seattle, WA 98124-4019

Thank you for the opportunity to write a letter in support of Seattle Children's Medical Center master site and facility plan. I understand the staff at Children's and a Citizens Advisory Committee has been working together to develop several options for campus development and as a result of this process consensus was reached in the development of Alternative 7 (Early Laurelon Development). The advantages that were identified for this plan include the following:

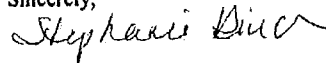
- Reduction of proposed building heights from 240 to 160 feet, creating less view impairment
- Lower density
- No proposed entrances needed on NE 45th and NE 50th streets, minimizing hospital traffic on neighborhood streets
  - \*Activity moved toward Sand Point Way and away from single family residences
- Better transit access for community and Children's staff
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- Fewer building phases, shortening the duration of construction
- A proposed transit hub to make it easier for people to get to and from the hospital without an automobile
- An innovative mobility plan that addresses traffic impact and promotes pedestrian and bicycle mobility and safety

Health care providers, the Division of Public Health, State of Alaska and Alaskan families have been well served by Seattle Children's for many years and all rely heavily on their expertise and linkages with the University of Washington in providing superior evidence-based diagnostics and treatment for Alaska's children. For children requiring high end sub-specialty care, Seattle Children's is the number one medical center receiving Alaska's children. We look forward to an ongoing relationship with Seattle Children's in the years to come!

We hope that the Seattle Department of Planning and Development will seriously consider and support Alternative 7 that was developed by the advisory committee.

Thank you again for the opportunity to comment and support this proposal.

Sincerely,



Stephanie Birch, RNC, MPH, MS, FNP  
Section Chief

**Congress of the United States**  
**Washington, DC 20515**

Scott Ringgold  
City of Seattle Department of Planning and Development  
PO Box 34019  
Seattle, WA 98124-4019

**RECEIVED**  
JUL 25 2008

THE CITY OF SEATTLE  
DEPARTMENT OF  
PLANNING  
AND DEVELOPMENT

Dear Mr. Ringgold,

We write on behalf of children across the entire State of Washington who rely on Children's Hospital and Regional Medical Center in Seattle for high quality specialty health care. We know that in order to continue meeting the ever-increasing demand for services, Children's must expand its capacity. We want to express our support for the current plans to increase the number of patient beds.

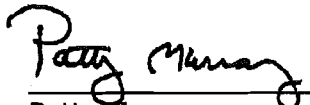
Access to both primary and specialty care is a growing concern, especially as the State marches toward fulfilling its legislative commitment of covering all of Washington's 73,000 uninsured children on health insurance by 2010. A significant increase in the need for certain services including mental health care has further exacerbated the situation. We also know that children living in the entire WAMI (Washington, Alaska, Montana, and Idaho) region also depend on Children's for specialty care.

Children's is committed to providing treatment and care to all children regardless of a family's ability to pay. We also support this mission wholeheartedly and know that it is this mission that underpins the hospital's expansion plans. Without Children's, Washington's low-income, vulnerable children would struggle to find access to the specialty care they need.


Today we know that Children's is operating near maximum capacity. Fortunately, they are taking the necessary steps today to ensure that Washington's children will have the care they need for decades to come. The hospital is working with the Citizens Advisory Committee (CAC), the body set up by the City to develop a plan that balances the needs of the hospital with those of the community. Based on broad public input and the diligent efforts of the CAC, we also support a refined plan known as *alternative seven* because it meets Children's request for additional beds while addressing community concerns.


Sincerely,


1


  
Patty Murray  
U.S. Senator


  
Maria Cantwell  
U.S. Senator

  
Norm Dicks  
Member of Congress

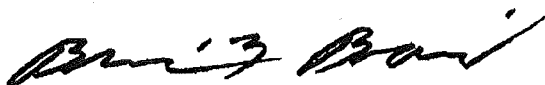
  
Jim McDermott  
Member of Congress

  
Jay Inslee  
Member of Congress

  
Adam Smith  
Member of Congress

  
Rick Larsen  
Member of Congress

  
David Reichert  
Member of Congress

  
Brian Baird  
Member of Congress

Cc: The Honorable Greg Nickels, Mayor of the City of Seattle

**COUNCIL FOR  
CHILDREN  
FAMILIES**  
WASHINGTON

July 23, 2008

Scott Ringgold  
Department of Planning and Development  
P.O. Box 34019  
Seattle, WA 98124-4019

Dear Mr. Ringgold:

Thank you for the opportunity to comment on Draft Environmental Impact Statement for Children's Hospital and Regional Medical Center's proposed expansion.

The Council for Children & Families is state agency based in Seattle whose mission is to promote the optimal development of children and families by leading Washington in its efforts to prevent child abuse and neglect before it ever occurs. Children's Hospital and Regional Medical Center has been a principal partner in our work to achieve this mission. Among our collaborative efforts over the years are Washington State's 'Have a Plan' Shaken Baby Syndrome prevention campaign and the 'Speak Up When You're Down' Post Partum Depression awareness campaign. We have also worked closely on awareness-building efforts during Child Abuse Prevention month each April, as appreciated its support for promotion of our 'Keep Kids Safe' special license plate, sales of which generate funds distributed throughout the state to community-based programs offering family support services. Because CHRMC plans to deepen its efforts as a community leader for prevention of child abuse and neglect, we have been engaged in preliminary discussions regarding the possibility of creating a special CHRMC seat on the Council to ensure ongoing formal linkage with our work. (Appointments to the Council are

1



# STATE OF ALASKA

## DEPT. OF HEALTH AND SOCIAL SERVICES DIVISION OF PUBLIC HEALTH SECTION OF WOMEN'S, CHILDREN'S AND FAMILY HEALTH

SARAH PALIN, GOVERNOR

4701 Business Park Blvd. Ste. 20, Bldg. J  
Anchorage, Alaska 99503-7123  
PHONE: (907) 269-3400  
FAX: (907) 269-3465

July 22, 2008

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Attn: Scott Ringgold  
P.O. Box 34019  
Seattle, WA 98124-4019

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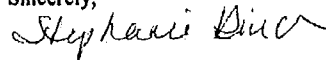
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We hope that the Seattle Department of Planning and Development will seriously consider and support Alternative 7 that was developed by the advisory committee.

Thank you again for the opportunity to comment and support this proposal.

Sincerely,



Stephanie Birch, RNC, MPH, MS, FNP  
Section Chief

**Congress of the United States**  
Washington, DC 20515

Scott Ringgold  
City of Seattle Department of Planning and Development  
PO Box 34019  
Seattle, WA 98124-4019

RECEIVED  
JUL 25 2008

THE CITY OF SEATTLE  
DEPARTMENT OF  
PLANNING  
AND DEVELOPMENT

Dear Mr. Ringgold,

We write on behalf of children across the entire State of Washington who rely on Children's Hospital and Regional Medical Center in Seattle for high quality specialty health care. We know that in order to continue meeting the ever-increasing demand for services, Children's must expand its capacity. We want to express our support for the current plans to increase the number of patient beds.

Access to both primary and specialty care is a growing concern, especially as the State marches toward fulfilling its legislative commitment of covering all of Washington's 73,000 uninsured children on health insurance by 2010. A significant increase in the need for certain services including mental health care has further exacerbated the situation. We also know that children living in the entire WAMI (Washington, Alaska, Montana, and Idaho) region also depend on Children's for specialty care.

Children's is committed to providing treatment and care to all children regardless of a family's ability to pay. We also support this mission wholeheartedly and know that it is this mission that underpins the hospital's expansion plans. Without Children's, Washington's low-income, vulnerable children would struggle to find access to the specialty care they need.

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Sincerely,

1

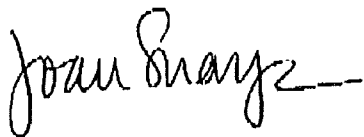
made by the Governor.)

Far beyond its partnership with the Council for Children & Families, CHRMC has proven many times over that its concern and leadership extends to all Washington's children. Providing approximately \$65 million in un- and undercompensated care during 2007 is a remarkable measure of that concern. The fact that every child is served regardless of their family's ability to pay is remarkable, and goes a long way to ensuring that our shared goals related to safety and well being for every child in Washington are realized.

1 Cont.

While we appreciate neighborhood concerns regarding possible negative impacts from the proposed expansion, we also understand these have been substantially addressed in the plans now under review. Washington State is truly fortunate to have an institution of CHRMC's caliber in our midst. We encourage your positive review of the DEIS.

Sincerely,

A handwritten signature in cursive script that reads "Joan Sharp". The signature is written in dark ink and includes a long horizontal flourish at the end.

Joan Sharp  
Executive Director

July 25, 2008

Mr. Scott Ringgold, Land Use Planner  
City of Seattle Department of Planning and Development  
P.O. Box 34019  
Seattle, WA 98124-4019

RE: Support for Children's Hospital and Regional Medical Center (CHRM) Expansion

Dear Mr. Ringgold:

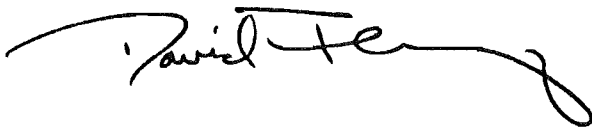
On behalf of Public Health Seattle and King County, I am writing to express our support for the Children's Hospital and Regional Medical Center (CHRM) expansion proposal. Public Health-Seattle & King County has a long history of successful collaboration with CHRM in many efforts including improving and protecting the health of our region's children. We understand CHRM has outgrown its current facility and needs to expand in order to continue to serve the region.

Children's Hospital and Regional Medical Center (CHRM) has been a regional partner and leader in many aspects of Public Health's work and together we have achieved many successes. One notable example is CHRM's track record of reducing automobile traffic: an effort that is a priority for Public Health.

In its planning of this facility expansion, CHRM has continued and extended its aggressive efforts to reduce vehicle trips by staff to and from the hospital by supporting alternative transportation modes such as public transit, bicycling, walking, carpooling and vanpooling. As part of its innovative mobility plan, CHRM is planning to offer cutting edge programs such as a shuttle system that connects to public transit hubs, a shared bike system, employee assisted housing in nearby neighborhoods and bringing non-critical care closer to where patients live.

As a regional and world class provider of children's health care, we support the work that Children's Hospital and Regional Medical Center does, and we support this request for expansion. Thank you for your consideration.

Sincerely,



David Fleming, M.D.  
Director and Health Officer

cc: Citizens Advisory Committee Members for Children's Hospital and Regional Medical Center  
c/o Steve Sheppard  
City of Seattle Department of Neighborhoods  
700 5th Avenue, Suite 1700  
P.O. Box 94649  
Seattle, WA 98124-4649

The Honorable Greg Nickels  
Mayor, City of Seattle  
P.O. Box 94749  
Seattle, WA 98124-4749

# Puget Sound Regional Council



Thursday, July 24, 2008

Mr. Scott Ringgold  
Department of Planning and Development  
City of Seattle  
Post Office Box 34019  
Seattle, Washington 98124

Dear Mr. Ringgold:

As Executive Director of the Puget Sound Regional Council I work with local government, business, and citizens to build a common vision for the region's future, expressed through three connected major activities: VISION 2040, the region's growth strategy; Destination 2030, the region's comprehensive long-range transportation plan; and Prosperity Partnership, which develops and advances the region's economic strategy.

It is in this regional context that I view growth at Children's Hospital and Regional Medical Center. I have toured the hospital over the past year and am persuaded that our region's overall interests are best served if a strategic, long-term expansion is allowed to proceed. Doctors at Children's foresee an additional 500 to 600 beds over the next 15 to 20 years to meet the growing need for specialized pediatric care.

I understand that the need for these new beds will not come all at once. Expansion can be undertaken in phases, something that a successful City of Seattle Major Institutions Master Plan helps happen. I'm told that several times this winter Children's was at capacity. I read with interest a story in The Herald about a Snohomish County boy who could not be treated at Children's intensive care unit one March night because there were too many other sick kids. This is just an indication that the time to plan for additional growth is now.

Children's is one of the nation's leading academic pediatric medical centers, recently ranked eighth in the country (and first on the West Coast) by U.S. News & World Report. It serves a region that stretches from Alaska's Aleutian Islands to Idaho and Montana. The hospital's partnerships with the University of Washington, the Fred Hutchinson Cancer Research Center, the Seattle Cancer Care Alliance and other institutions have created a formidable health care establishment that has become a local economic driver even as it has improved our quality of life.

Moreover, Children's is preparing to grow in other parts of the central Puget Sound region. It plans to add up to three new outpatient facilities in Bellevue, Snohomish County and south King County over the next five years. The Seattle Children's Hospital Research Institute, which opened in new facilities in downtown Seattle in late 2007, has already begun to make its mark.

Let me close with this observation: Children's is a unique piece of the central Puget Sound's health care infrastructure. The past year has shown that it is time to plan for additional growth at the hospital – growth that must take place to ensure that the future health care needs of our children are met.

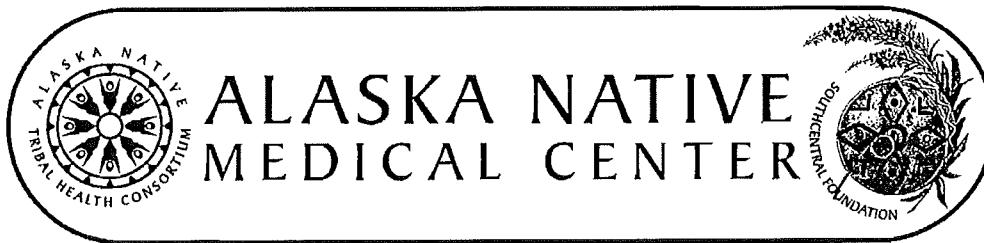
Sincerely,

A handwritten signature in black ink that reads "Bob Drewel". The signature is written in a cursive, flowing style.

Bob Drewel  
Executive Director

1





ANMC-SOS  
4315 Diplomacy Drive  
Anchorage, AK 99508  
(907) 729-1776  
June 25, 2008

Dear Mr. Ringgold:

This letter is written in support of the plan for the expansion of the Seattle Children's Hospital and Regional Medical Center (SCHRMC). I am social worker at the Alaska Native Medical Center (ANMC) in Anchorage, Alaska. ANMC depends on SCHRMC to provide care for pediatric patients that require medical care beyond this facilities capability. SCHRMC has gone above and beyond to provide the highest quality of culturally competent care to Alaska Native clients. SCHRMC has dedicated staff to providing social work and care coordination to ensure that Alaska Native clients are successfully transitioned back to Alaska. As the population of children with complex medical conditions continues to grow, additional medical care capacity will be required. I fully support the expansion of Seattle Children's Hospital and Regional Medical Center

Sincerely;

*Deanna S. Chaney, LCSW*

Deanna Chaney, LCSW



Dept. of  
Planning & Development

MAY 15 2008

RECEIVED

May 13, 2008

**Members**

Citizens Advisory Committee for Children's Hospital and Regional Medical Center  
c/o Steve Sheppard  
Department of Neighborhoods, City of Seattle  
P.O. Box 94649  
Seattle, Washington 98124-4649

Dear Citizens Advisory Committee Members:

I am writing on behalf of Boys & Girls Clubs of King County to express our support for Children's in its efforts to expand to accommodate the region's growing pediatric health care demands.

Boys & Girls Clubs of King County serves to inspire and enable all young people to realize their full potential as productive, responsible, and caring citizens. With 14 full-service Clubs, and 28 before- and after-school program sites, our organization is one of the largest of its kind in the nation, serving more than 18,000 members every year.

Promoting healthy lifestyles is one of the three focus areas in our new Boys & Girls Club of America's strategic plan MPACT 2012, our recently adopted strategic plan, promotes healthy lifestyles as one of our three focus areas. The children we serve range in ages from 6 to 18 years-old and represent the full gamut of interests and issues facing young people today. Among these are several critical health issues, including the rising rates of childhood obesity and diabetes, poor nutrition and eating habits, and inactive lifestyles. At Boys & Girls Clubs of King County, we know that education, involvement and activities that offer positive alternatives to these conditions and predicaments are truly life-changing and even life-saving. MPACT 2012, our recently adopted strategic plan, promotes healthy lifestyles as one of our three focus areas

Boys & Girls Clubs of King County and Children's Hospital have made addressing these issues a priority. That's in part why we hold Children's in such high regard. Additionally, we greatly value the work that Children's does in reaching out to communities, partnering with community health care providers and organizations, and offering free classes on everything from parenting to swim lessons. Perhaps most importantly, Children's is committed to providing treatment and care to all children regardless of a family's ability to pay. In 2007 alone, Children's provide more than \$65 million in uncompensated care to our region's most vulnerable children.

Today, we know that Children's is operating near maximum capacity, and every day that goes by, the need for increased pediatric services in this region mounts. By planning to expand its main hospital, Children's is taking the necessary steps today to ensure that our children will have the care they need for decades to come. Boys & Girls Clubs of King County is proud to stand with Children's in its efforts to expand.

***The Positive Place For Kids***

Club Service Center • 603 Stewart Street #300 • Seattle, WA 98101 • Tel 206-436-1800 • Fax 206-461-8449  
[www.positiveplace.org](http://www.positiveplace.org)




On behalf of Boys & Girls Clubs of King County, I urge you to continue work with Children's on the "Early Laurelon Development" Alternative ( Alternative 7) which will meet Children's needs for adding 250- 300 beds over the next 15-20 years. It will also address many of the community concerns regarding lower height and addressing key transportation issues for the surrounding communities.

1 Cont

Finally, I wish to thank you for your ongoing commitment to the Major Institution Master Plan (MIMP) process and commend you on your civic involvement.

Sincerely,



Daniel Johnson  
CEO and President, Boys & Girls Clubs of King County

cc: *Diana Sugimura, Director, City of Seattle Department of Planning and Development*  
*Greg Nickels, Mayor, City of Seattle*  
*Michael Jenkins, Seattle City Council Central Staff*



July 17<sup>th</sup>, 2008

RECEIVED

JUL 28 2008

THE CITY OF SEATTLE  
DEPARTMENT OF  
PLANNING  
AND DEVELOPMENT

Scott Ringgold  
Seattle Department of Planning and Development  
PO Box 34019  
Seattle, Washington 98124-4019

RE: CHILDREN'S HOSPITAL EXPANSION

Dear Mr. Ringgold:

I am writing to express my organization's support for Children's Hospital's planned expansion. Located just up Sand Point Way NE, we at Cascade Bicycle Club consider Children's Hospital to be more than a good neighbor. They are a model for how large institutions can grow in a manner respectful of the surrounding community. Their transportation policies are a major component of that success.

With its commitment to sustainable transportation initiatives, Children's contributes to livable densities, a mix of uses, and reduced reliance on single occupancy vehicle travel. Indeed, they are an embodiment of Seattle's adopted goals for smart growth and development. Children's transportation programs have reduced drive-alone trips (and attendant local traffic and pollution) by 32% while improving the range of transportation options available to staff and patients. For example, Children's is teaming with the University of Washington to bring the first major bike-sharing program. We look forward to working with them as they grow in a sustainable manner and improve neighborhood quality of life.

We encourage the Department of Planning and Development to grant approval to Children's Hospital's request to expand, and to view them as a source of inspiration when dealing with other projects and institutions in the future.

Sincerely,

Chuck Ayers

p: 206.522.3222

PO Box 15165

f: 206.522.2407

Seattle Washington 98115

e: info@cascadebicycleclub.org

www.cascade.org





**CHILDREN'S ALLIANCE**

*A Voice for Washington's Children, Youth, and Families*



July 24, 2008

Scott Ringgold  
Department of Planning and Development  
P.O. Box 34019  
Seattle, WA 98124-4019

Dear Mr. Ringgold:

The Children's Alliance is Washington's child advocacy organization – we work with advocates and policymakers to secure the resources kids need to build the futures they deserve. On behalf of the Children's Alliance, I am sending this letter to express our support for Children's Hospital and Regional Medical Center.

We have been working for more than 15 years at the Children's Alliance to improve health care access, ensure quality care and build toward better health outcomes for all of Washington's children. We are particularly concerned about health care access and conditions for those children who face the greatest challenges: low-income children and children of color. Children's has been an invaluable partner in these efforts both as a provider of quality care for children and as an advocacy partner – their concern for children reaches beyond their walls.

As a statewide organization, it is our job to understand conditions and needs for children across Washington. Children's is a critical provider of health care to children, not just from the Seattle-area but from across the state and the region. Children's provides care for every child, regardless of their family's ability to pay. In 2007, they provided approximately \$65 million in un/under-compensated care. This is a **critical** asset if we are to ensure that every child has the care they need. Their ongoing capacity to provide care to any child in need should be protected.

Washington's kids need the kind of specialized pediatric care that Children's provides and their capacity must keep pace with that need. We are supportive of their expansion plan which will bring a needed increase in the number of their beds. Moreover, the increase in single-patient rooms and the ability to provide comprehensive care from teams of highly skilled physicians, nurses and supporting staff in one synergistic location speak to the quality of care that our children need.

We urge your support and approval of expansion plans at Children's Hospital and Regional Medical Center. They play a unique and critical role in securing and providing health care to children throughout our state and region. Please help them continue to play this role effectively.

Sincerely,

Paola Maranan  
Executive Director

Cc: The Honorable Greg Nickels, Mayor, City of Seattle

Steve Sheppard, for the Citizens Advisory Committee Members for Children's Hospital and Regional Medical Center

1



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*Active Communities Program Director*  
Ellie Taylor  
*Community Organizer, Safe Routes to School*

2019 Third Ave  
Suite 110  
Seattle, WA 98121  
206.652.2310  
www.feetfirst.info

July 8, 2008

Scott Ringgold  
Department of Planning and Development  
PO Box 34019  
700 5th Avenue, Suite 2000  
Seattle, Washington 98124-4019

Dear Mr. Ringgold:

RECEIVED  
JUL 10 2008

THE CITY OF SEATTLE  
DEPARTMENT OF  
PLANNING  
AND DEVELOPMENT

Feet First is pleased to submit a support letter for Children's Hospital Transportation Plan. Children's Hospital is a vital resource, providing highly specialized pediatric services to children from Washington, Alaska, Idaho and Montana.

Children's Transportation Plan takes a comprehensive and measurable approach to reducing the demand on the transportation system. The components outlined in the plan will allow Children's to accomplish their objectives, which include: minimizing the number of vehicles generated, limiting the amount of parking on or near campus; and providing a model of creative transportation strategies.

Over the last twelve years Feet First has worked with numerous jurisdictions, educational institutions and business to build walkable communities. We are encouraged by Children's proactive approach to create a pedestrian friendly environment as we work with the hospital staff to create the first *Neighborhood Walking Map* targeting employees, visitors and community.

In addition to the educational function the *Neighborhood Walking Map* provides, Children's has committed \$2 million in engineering dollars to support active transportation. Engineering is an important part of increasing pedestrian safety and mobility.

Children's has reached out to our organization to seek advice on the implementation of its transportation program. We believe their transportation plan takes a unique approach to provide incentives and disincentives in order to reduce vehicle trips to the hospital and the surrounding neighborhood.

Should you have any questions, feel free to contact me by calling 206-652-2310 or emailing [lisa@feetfirst.info](mailto:lisa@feetfirst.info)

Sincerely yours,

Lisa Quinn  
Executive Director

1

2



Steering Committee: Ward Bushnell, co-chair • Steve Ross, co-chair • Dixie Wilson, co-chair  
Dr. Anthony Avellino • Jennifer Avellino • Dr. Cory Casper • Gary D. Gayton • David Miller • Stephen Mullin • Sally Nordeck • Kevin Wallace

Friends of Children's Hospital Co-Chairs

Scott Ringgold  
Department of Planning and Development  
P.O. Box 34019  
Seattle, WA 98124-4019

Attention Scott Ringgold:

RECEIVED  
JUL 25 2008

THE CITY OF SEATTLE  
DEPARTMENT OF  
PLANNING  
AND DEVELOPMENT

Each of us has a strong personal connection to Seattle Children's Hospital, and, when it came time for the hospital to begin its plans for expansion, we recognized the importance of organizing a group of supporters. The resulting group, Friends of Children's Hospital, is a coalition that demonstrates the breadth of support for the hospital and its critical need to grow. In just a few months, the burgeoning group has expanded to more than 600 people, including community members, neighbors, parents, employees, caregivers, health-care providers and family members.

This outpouring of support is evidence of the indispensable role Children's plays in our community. Nearly everyone we know has some connection to the hospital, and often, by just mentioning the name "Children's Hospital," we are told stories about how the highly skilled doctors at Children's saved the life of a beloved family member or friend. The hospital's expansion is vital to enabling it to continue to provide world-class, comprehensive care to critically and terminally ill children in one synergistic location.

Two of us live in the Laurelhurst neighborhood, and the third has family members who reside there. We understand the importance of minimizing the impact of Children's expansion on the surrounding neighborhood, which is why we support Alternative 7. The possibility to expand onto the approximately seven-acre site contiguous to the hospital has resulted in a better design for the community, while meeting the hospital's urgent need for additional patient beds.

We urge you to join the rapidly growing group of supporters of Children's Hospital by approving the Draft Major Institution Master Plan and Draft Environmental Impact Statement for Seattle Children's Hospital.

Sincerely,

Ward Bushnell, Steve Ross and Dixie Wilson  
Co-Chairs, Friends of Children's Hospital

Cc: Michael Jenkins  
Seattle Mayor Greg Nickels  
Citizens Advisory Committee Members for Children's Hospital and Regional  
Medical Center c/o Steve Sheppard

Friends of Children's Hospital, a growing group of more than 600 individuals who support Children's Hospital and its growth in Laurelhurst. Join today at [www.friendsofchildrenshospital.org](http://www.friendsofchildrenshospital.org)  
1809 7th Avenue, Suite 1111 Seattle, WA 98101 • [info@friendsofchildrenshospital.org](mailto:info@friendsofchildrenshospital.org)



June 18, 2008

1301 5th Avenue  
Suite 2500  
Seattle, WA 98101-2611

206.389.7200  
206.389.7288 FAX  
www.seattlechamber.com

Mr. Scott Ringgold  
Seattle Department of Planning and Development  
P.O. Box 34019  
Seattle, WA 98124-4019

**RE: Greater Seattle Chamber support for Seattle Children's Hospital expansion plans**

Dear Mr. Ringgold,

The Greater Seattle Chamber of Commerce strongly supports the expansion plans for Seattle Children's Hospital in Laurelhurst.

Children's Hospital is a central component of our regional economy with a life-saving mission. It's a priceless asset to have some of the best pediatric specialty care and research in the world right here in our back yard. And its reach goes far beyond this community—from cutting-edge research in South Lake Union to doctor-to-doctor knowledge transfers in Africa and the Ukraine, Seattle Children's is a major player in our region's growing Global Health sector. Last year alone, Children's received a \$1 million grant from the Bill and Melinda Gates Foundation to research prematurity and stillbirth—the leading cause of infant mortality in the United States. As part of this grant, Children's will host an international conference in Seattle where leading stakeholders will come together to find the most promising next steps to advance understanding, inspire research initiatives and promote the development and application of effective interventions to curb the prevalence of prematurity and stillbirth around the world.

Not only is Children's Hospital a global leader in pediatric healthcare, but it is also leading the way locally in terms of carbon footprint reduction and progressive transportation management. Children's has an impressive track record of reducing vehicle miles traveled and, as part of its expansion plans, Children's will offer even more ways to reduce vehicle trips by patients, visitors and staff to and from the hospital through alternative transportation modes like transit, bicycling, walking, carpooling and vanpooling. Future design and operations will continue to build on existing efforts to increase energy efficiency and conserve natural resources.

Finally, Children's Hospital needs to grow. The hospital is at capacity and Children's needs to expand in order to continue to meet the growing need for specialized pediatric care in our region. Through expansion, Children's can provide a world-class inpatient facility in one synergistic location where critically and terminally ill children can receive comprehensive care from teams of highly skilled physicians, nurses and supporting staff.

We believe that Alternative 7 provides the best opportunity to preserve the character of the surrounding neighborhood while meeting the hospital's critical need for space. We urge you to support Children's Hospital's plans for expansion.

Sincerely,

Steve Leahy  
President and CEO

Cc: Mayor Greg Nickels; Michael Jenkins, Seattle City Council Central Staff;  
Steve Sheppard, Citizens Advisory Committee Members for Children's Hospital and Regional Medical Center

July 25, 2008

Mr. Scott Ringgold  
City of Seattle  
Department of Planning and Development  
P.O. Box 34019  
Seattle, WA 98124-4019

RE: Children's Hospital Master Plan Process

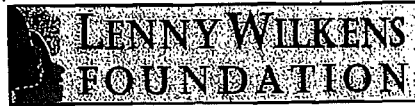
Dear Mr. Ringgold:

On behalf of Harborview Medical Center, I would like to express our support for Children's Hospital expansion plans. We are aware of their Master Plan and understand and support their need to expand in order to provide pediatric health care services for more children in the future.

Local and state residents who have used Children's facilities throughout the years have received extraordinary treatment and care at Children's. We have always been impressed by their services and commitment to serving all of our children, including many from very diverse socio-economic backgrounds, many of whom do not have the resources to pay for services, but have never been turned away.

We understand that the Citizens Advisory Committee (CAC) is comprised of neighboring residents and business members who are looking at Children's Master Plan carefully and we applaud their efforts. We recognize that it is often challenging to balance the needs of the institution and the immediate neighbors as we, at Harborview, have faced similar challenges in recent years with our Master Plan. At the same time, we ask that you remember that Children's is a valuable asset to our City and the region. Their need to increase inpatient beds will be critical to the populations which they serve as well as other residents throughout the City and the region.

1



3150 Richards Road #200  
 Bellevue, WA 98005  
 Office: 425.223.5387  
 Fax: 425.562.7292  
 lenny@lwikensfoundation.org

July 22, 2008

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 THE CITY OF SEATTLE  
 DEPARTMENT OF  
 PLANNING  
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 Norman Rice  
 Tyrone Sheffey  
 Lynne Westbrook  
 Mirtha Vaca-Wilkens

Mr. Scott Ringgold  
 Department of Planning and Development  
 P.O. Box 34019  
 Seattle, WA 98124-4019

Dear Mr. Ringgold:

Although my career has taken me to many cities, my wife Marilyn and I call Seattle home. I write this letter in support of Children's Hospital and their proposed expansion plans. For over 14 years I have worked through my foundation to raise money for the Odessa Brown Community Clinic in the Central Area. It is a Clinic that is there for inner-city children in need of quality health care.

The need to provide quality health care to all children is a core belief of mine and expanding capacity at Children's Hospital will benefit the entire region. It amazes me that Children's was able to provide approximately \$65 million in un- and undercompensated care in 2007. I have talked to Children's staff and understand their need and how medical technology has made it possible to save more Children. I also understand that Children's just recently purchased a condominium complex that will allow them to build the new expansion in a way that could mollify many of their neighbors' concerns.

From my work with Children's over the years, I have every confidence that they can undertake this type of expansion in a coordinated, collaborative way and work with their neighbors and friends throughout the region to complete this ambitious expansion.

Our region is experiencing growth in many ways and my hope is that we are able to work with institutions like Children's Hospital so that they can continue to be a mainstay for generations to come.

Sincerely,

Lenny Wilkens

cc: Mayor Greg Nickels  
 Citizens Advisory Committee Members for Children's Hospital and Regional Medical Center  
 c/o Steve Sheppard

A 501 (c) 3 organization





# The Mockingbird Society

Building a world class foster care system through collaboration, innovation and advocacy

mockingbirdsociety.org

2100 24th Avenue S

Suite 240

Seattle, WA 98144

206 323-KIDS (5437)

206 323-1003 fax

July 17<sup>th</sup>, 2008

Scott Ringgold  
Department of Planning and Development  
P.O. Box 34019  
Seattle WA 98124-4019

RECEIVED  
JUL 22 2008

THE CITY OF SEATTLE  
DEPARTMENT OF  
PLANNING  
AND DEVELOPMENT

Mr. Ringgold:

Thank you for the opportunity to express my support of the proposed expansion of Children's Hospital. As a long time resident of Seattle and as the Executive Director of an organization that serves children and families involved in foster care, I am fully aware of the amazing resource Children's Hospital is to our city, state, region and indeed our nation.

Children's Hospital is currently at capacity and in fact it is reported that on a number of occasions during this past winter there were days when every single bed was being utilized. We must plan for the future needs of our most vulnerable children and the proposed expansion does exactly that. In particular the expansion will create greater capacity to provide the highest quality care to the increasing number of chronically ill children.

I understand that there are community concerns regarding the expansion but I am confident that the leadership of Children's Hospital is doing everything possible to mitigate the concerns via the Alternative 7, which will address community concerns including retaining the character of the neighborhood.

Again, I appreciate the opportunity to express support for the expansion of Children's Hospital, which has been a critical community resource that has provided enormous benefit to our community for decades. We must do the work today that ensures that Children's Hospital is available and able to serve children and families in the decades to come.

Best Regards,

  
Jim Theofelis  
Executive Director

Cc: Mayor Greg Nickels  
Peter Steinbrueck  
Steve Sheppard

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Joan Stearns  
Community Volunteer  
Executive Director  
Jim Theofelis

1



**NATIONAL  
MEDICAL  
ASSOCIATION**

**RECEIVED**

JUL 22 2008

THE CITY OF SEATTLE  
DEPARTMENT OF  
PLANNING  
AND DEVELOPMENT

**Gail N. Morgan, M.D.  
Washington State Medical Society  
1511 40<sup>th</sup> Avenue  
Seattle, WA 98122**

**July 21, 2008**

Mr. Scott Ringgold  
Department of Planning and Development  
City of Seattle  
P.O. Box 34019  
Seattle, WA 98124-4019

Dear Mr. Ringgold:

As the President of the Washington State Medical Society a chapter of the National Medical Association (NMA), I wish to express my support for Children's new alternative, which now includes the purchase of the Laurelon Terrace Condominiums. I fully understand that there is a great need for Children's to expand to meet the pediatric needs of the region. I personally experienced the fact that Children's is near capacity. This past winter, my young child needed a surgical procedure and she had to wait 4 months to have the procedure. It was difficult for our family during these four months to know that our child needed a procedure and could not be treated due to Children's being at capacity.

Therefore, as a physician and a parent, I want to enthusiastically support the Laurelon Terrace Condo Alternative which would allow Children's to add the necessary square footage of 1.5 million over the next 15-20 years,

Sincerely,

Gail N. Morgan, M.D.



**Neighborhood House**

Strong Families. Strong Communities. Since 1906.

July 14, 2008

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JUL 16 2008

THE CITY OF SEATTLE  
DEPARTMENT OF  
PLANNING  
AND DEVELOPMENT

Mr. Scott Ringold  
Department of Planning and Development  
City of Seattle  
P.O. Box 34019  
Seattle, WA 98124-4019

**ADMINISTRATION**  
Jesse Epstein Building  
905 Spruce Street  
Seattle, WA 98104  
T (206) 461-8430  
F (206) 461-3857  
Info@nhwa.org  
www.nhwa.org

Subject: Children's Hospital

**CHILD DEVELOPMENT**  
(Prenatal to five Head Start)  
(206) 461-8430 ext. 248

Dear Mr. Ringold:

**COMMUNITY HEALTH**  
(206) 461-8430

**EMPLOYMENT AND  
ADULT EDUCATION**  
(206) 461-4568 ext. 216

**FAMILY AND  
SOCIAL SERVICES**  
(206) 461-8430 ext. 224

**TRANSPORTATION**  
(206) 461-6994

**YOUTH EDUCATION**  
(206) 461-4554

I am writing on behalf of the thousands of children served by Neighborhood House to voice our support for the proposed expansion of Children's Hospital. For over 100 years, Neighborhood House has provided education and social services to Seattle and King County's low income, immigrant and refugee communities including infants, toddlers, preschool and school-age children and their families.

Low-income children are among the most vulnerable individuals within our community and access to high quality specialized pediatric care is vital to their health and well being. Everyday, we confront the issues of childhood illness and disease and the disproportionate impact that these have on children living in poverty.

Children's Hospital has long been the beacon of hope and compassion for these children. Their generosity can be measured by the level of uncompensated and undercompensated care but more importantly by lives that are saved and lives that are enhanced by the miraculous work of this institution and their dedicated staff.

Their ability to expand their facilities means more lives saved. I strongly support the Children's Hospital expansion efforts.

Sincerely,

Mark Okazaki  
Executive Director



cc: Mayor Greg Nickels, City of Seattle  
Citizens Advisory Committee Members for Children's  
Hospital and Regional Medical Center



\\nh-is-file02\AD\Executive\Mark\03 Departments\Executive\Correspondence\08-07 Children's Hospital.doc

The mission of Neighborhood House is to help diverse communities of people with limited resources attain their goals for self-sufficiency, financial independence and community building.

[REDACTED]  
1550 North 115th Street, Seattle, WA 98133  
(206) 364-0500  
[www.nwhospital.org](http://www.nwhospital.org)

July 25, 2008

Scott Ringgold  
Department of Planning and Development  
PO BOX 34019  
Seattle, WA 98124

Re: Seattle Children's Hospital's Draft Major Institution Master Plan and Draft Environmental Impact Statement

Dear Mr. Ringgold,

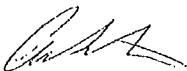
I am writing this letter in earnest support of Children's Hospital and Regional Medical Center's expansion proposal, Alternative 7. Children's Hospital serves the largest geographical area of any pediatric hospital in the United States, spanning Washington, Idaho, Montana and Alaska. We believe the hospital's expansion is vital in continuing to meet the growing need for pediatric medical care in our region and across the country.

With only 250 beds currently available for inpatient care, Children's Hospital's capacity is being rapidly outpaced by the growth of the region's pediatric population and the urgent demand for pediatric medical services. The recommended occupancy rate for a specialty pediatric hospital is 65 percent, which ensures that there are sufficient resources for emergency admissions and that the unpredictable state of chronic diseases receives the greatest degree of medical attention.

Children's Hospital is running at a consistent occupancy rate of 75 percent and that percentage is climbing higher. In addition, it is critical to have a sterile medical facility to ensure the safe, effective recovery of all patients. Because of the lack of space, many Children's patients are placed within shared rooms, significantly raising the risk of infection and inhibiting the health of both the patient and the family. The national standard now calls for single-occupancy rooms and it is Children's goal to meet that standard.

Children's Hospital's capacity challenges don't just affect its own patients or its immediate neighborhood. Northwest Hospital does not currently have inpatient pediatric services. As a result, we frequently refer our pediatric patients and their families to Children's Hospital. It is not an overstatement to say that Children's ability to accommodate the patients we refer directly impacts our ability to care for the residents of our own local community. Their well-being depends upon Children's expansion too. I urgently request that you join us in supporting Alternative 7 to ensure the continued availability of state-of-the-art medical care to all the children in our region.

Sincerely,



Bill Schneider  
President and CEO  
Northwest Hospital & Medical Center

cc: Michael Jenkins  
Seattle Mayor Greg Nickels  
Citizens Advisory Committee Members for Children's Hospital and Regional Medical Center c/o Steve Sheppard

1

June 27, 2008

1035 116th Avenue NE  
Bellevue, WA 98004  
425-688-5000  
www.overlakehospital.org


City of Seattle  
Department of Planning and Development  
Attn: Scott Ringgold  
P.O. Box 34019  
Seattle, Washington 98124-4019

Dear Mr. Ringgold:

I'm writing to share with you my enthusiastic support for the proposed campus expansion of Children's Hospital and Regional Medical Center in Seattle's Laurelhurst neighborhood. All of us at Overlake understand the area's growing need for healthcare services. We just recently completed a 104-bed expansion of our own and launched a partnership with Group Health Cooperative. Patient volumes are up considerably and we have already seen many days at capacity.

For busy healthcare providers like Overlake that do not provide pediatric care, Children's is a lifeline for our organization and for the families in our growing community. With its highly regarded, specialized care for infants and children, Children's Hospital is truly a regional provider that forms the backbone of pediatric healthcare services for the Puget Sound area and the greater Northwest. We currently send 150 young patients to Children's each year. To more efficiently link to Children's in Seattle, Overlake is currently in the process of building a helistop on our campus as a way to quickly transport patients into Seattle in times of emergency and heavy traffic.

Our view is that the need for Children's expertise is great, their approach to expansion is collaborative, and the increased access to critical pediatric care will be overwhelmingly positive for residents in and around our region—for generations to come. Please let me know if there are any questions I can answer for you or other information I can provide as you move forward in the development process.

Sincerely,  
  
Craig Hendrickson  
President and Chief Executive Officer  
Overlake Hospital Medical Center

cc: Lisa Brandenburg  
Senior Vice President and Chief Administrative Officer  
Children's Hospital and Regional Medical Center

1

ADMIN./BUSINESS OFFICE

14711 N.E. 29th Place, Ste. 425B  
Bellevue, WA 98007  
(425) 450-5000  
FAX (425) 450-5606

William Vandenberg, M.B.A., C.M.P.E.  
Administrator

REDMOND RIDGE  
22835 Market Place Dr., #120  
Redmond, WA 98053  
(425) 898-7400  
FAX (425) 898-7400

BELLEVUE OFFICE  
2700 Northrup Way  
Bellevue, WA 98004  
(425) 627-4500  
FAX (425) 628-2256

PINE LAKE OFFICE  
22717 S.E. 28th St.  
Sammamish, WA 98075  
(425) 301-7337  
FAX (425) 391-3915

FACTORIA OFFICE  
4122 Factoria Blvd. S.E., # 101  
Bellevue, WA 98006  
(425) 747-7202  
FAX (425) 643-0635

REDMOND OFFICE  
8301 161st Ave. N.E., #202  
Redmond, WA 98052  
(425) 888-9282  
FAX (425) 885-9106

SAMMAMISH HIGHLANDS  
OFFICE  
22003 NE Inglewood Hill Rd., #100  
Sammamish, WA 98074  
(425) 836-5407  
FAX (425) 836-2257

TOTEM LAKE OFFICE  
13030 121st Way N.E., #100  
Kirkland, WA 98034  
(425) 814-5170  
FAX (425) 823-5826

All Physicians  
are board certified/eligible



*Pediatric Associates, Inc. P.S.*

*Serving the Eastside since 1967*

July 15, 2008

Scott Ringgold  
Department of Planning and Development  
P.O. Box 34019  
Seattle, WA 98124-4019

Re: Seattle Children's Hospital Draft Major Institution Master Plan and Draft  
Environmental Impact Statement

Dear Mr. Ringgold,

I am writing in support of the proposed expansion of Seattle Children's  
Hospital as described in Alternative 7.

I moved to Seattle in 1974 to finish my pediatric residency at Seattle  
Children's Hospital (formally, the name is still Children's Hospital and  
Regional Medical Center, but in 1974, it was Children's Orthopedic  
Hospital). I have lived in Seattle and worked in Bellevue for 32 of the last 34  
years. Presently, I lead a group of over 60 pediatricians and pediatric nurse  
practitioners in seven clinical offices on the Eastside who need a top quality  
children's hospital to provide specialized tertiary care for our over 100,000  
patients. In the Pacific Northwest, Seattle Children's Hospital alone can  
supply that need. There is no other institution in our community which has *all*  
of the following:

- a) a *full* complement of pediatric medical and surgical  
subspecialists including radiology, anesthesiology, and Emergency medicine,
- b) a *full* complement of appropriately trained and experienced  
pediatric nursing and ancillary staffs - nurses, respiratory therapists, line  
management staff, social workers, dieticians, recreational therapists,  
laboratory techs, etc.,
- c) a physical space friendly to children, and programs and  
equipment specific to the needs of children,
- d) a commitment to caring for all children, regardless of their  
ability to pay, and a major fundraising arm to make sure that principle is never  
compromised,

AND

- e) the appropriate volume of patients to keep up skills in  
everyone who is in contact with children, so that they remain the very best.

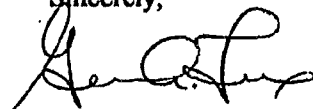
Simply put, Seattle Children's is going to run out of space very soon.  
Our pediatricians admit all our patients from the eastside who need hospital

care to Seattle Children's Hospital. Eleven of our pediatricians form a hospital team which is at the hospital every day and which coordinates care for all our patients there. More often than not, they run into barriers due to the fact that the hospital is always at or near capacity. Our out-patient visit numbers grew 9% last year, and our projections are that this growth will continue into the foreseeable future. To continue to give the highest quality care to all children who need it, Seattle Children's needs to expand. Period.

The needed increase in space for patient care *must* occur at the present location -- for two reasons. The first is that excellent comprehensive care must occur in a setting physically connected with all other clinical areas and clinical support functions. There must be easy access to all subspecialty medical and surgical support teams and to ancillary clinical support functions (lab, X-ray, etc.). Otherwise, clinical care is piecemeal and compromised. The second reason the expansion must occur at the present location is that it would be prohibitively expensive to move the entire hospital elsewhere.

There are people who live in Laurelhurst. Seattle Children's Hospital, at great cost, has gone out of its way to develop Alternative 7 to address the transportation issues, the environmental concerns, and the issue of trying to maintain the present character of the community. I believe the majority of issues have been addressed satisfactorily. There is no way that every last person who lives near Seattle Children's Hospital will be completely happy, but that cannot be a reason for preventing the Pacific Northwest from having something necessary for the health of our children and necessary for our soul as a citizenry. There are many so-called measures of greatness for a city, for a community. But I believe we are truly great only if we use our resources in the best way possible to help the most vulnerable, the most disadvantaged in our midst. Please allow Seattle Children's Hospital to continue to make this city and this community truly great.

Sincerely,



Glenn Lux, MD, MBA  
President  
Pediatric Associates, Inc.  
14711 N.E. 29th Place, Suite 255  
Bellevue, WA 98007

cc:

Michael Jenkins

Greg Nickels

Citizen's Advisory Committee Members for Children's Hospital and Regional  
Medical Center c/o Steve Sheppard

1 Cont



July 14, 2008

Dear Scott,

It is our intent to show the Economic Development Council of Snohomish County's utmost support of the Children's Hospital expansion plans.

The Economic Development Council of Snohomish County is a private, nonprofit organization that collaborates with businesses, citizens, and government to support and develop the county as a strong and vibrant economic force. The EDC of Snohomish County has worked hard to continue building the prosperous economy that it is today with a state low 3.6% unemployment rate and an annual job growth rate that has climbed to 8.7%, strongly surpassing the 2.7% state average. Some of our investors include The Boeing Company, City of Everett, Port of Everett, Tulalip Tribes, and Snohomish County.

Children's Hospital is not only exceptionally vital to the city of Seattle and our State of Washington but is a critical resource to Alaska, Montana, and Idaho. With its regional prevalence, 250 beds hardly provide the access for sick children necessary as it serves for the largest geographic region of any children's hospital in the country.

We have seen the hospital at it's maximum capacity several times which creates an unfair situation, sending sick, needy children to other hospitals possibly not receiving the high-intensity care available exclusively at Children's. While many of the patients that come to Children's only require non-critical pediatric care, opening ambulatory clinics in Bellevue, Everett, and South King County would not only create a significant reduction of unneeded traffic but would also create more room for high-intensity services on one campus.

On behalf of the Economic Development Council of Snohomish County, WA we would like to show our support for the Children's Hospital expansion plans.

Sincerely,

Deborah Knutson, President





April 11, 2008

Members of the Citizens Advisory Committee  
Children's Hospital and Regional Medical Center  
c/o Steve Sheppard and Karen Gordon  
City of Seattle, Department of Neighborhoods  
P.O. Box 94649  
Seattle, Washington 98124-4649

Dear Citizens Advisory Committee Members:

As a longstanding partner of Seattle Children's Hospital, I am writing on behalf of Sound Mental Health to express our support for Children's in its efforts to accommodate the region's growing pediatric healthcare demands.

Sound Mental Health, formerly Seattle Mental Health, is the largest community mental health agency in King County. Our mission is *To strengthen our community and improve the lives of our clients by delivering excellent health and human services tailored to meet their needs.* We serve more than 11,000 clients annually. Of that total, more than 1700 are children 0-17 years of age. These children suffer from mental illnesses, including depression, ADHD, anxiety, and bipolar disorder. We know that psychiatric care intervention in childhood can make the difference in whether a child is able to succeed in life or whether his or her condition deteriorates over time.

SMH and Children's share mission values and have a strong history of collaboration. Most recently, we have partnered to provide critical mental health services to middle school children and the Seattle Public Schools under the Middle School Support Project grant from the Nesholm Foundation. We also share a concern about increasing demand for services in context with diminishing resources. Our front line experience constantly reaffirms that admission to a needed child psychiatry bed is one of the most difficult clinical challenges facing our clinicians as they provide care to their pediatric patients.

Children's is taking the necessary steps today to ensure that our children will have the care they need for decades to come. Sound Mental Health is proud to stand with Children's in its efforts to secure additional pediatric inpatient psychiatric beds for children suffering mental illness. On behalf of Sound Mental Health, I urge you to support Children's request for additional pediatric psychiatric beds as part of its overall expansion.

Sincerely,

Trish Blanchard  
Chief Clinical Officer

Administrative Offices: 1600 E Olive St • Seattle, WA 98122-2735 • Tel: 206.302-2200 • Fax: 206.302-2210  
Information / Referral / Access: 206.302.2300 • TTY: 206.302.2209 • Toll Free: 1.800.828.1449  
Serving King County with offices in: Auburn, Bellevue, Redmond, Seattle, Snoqualmie and Tukwila



UNIVERSITY PRESBYTERIAN CHURCH

Every Member a Minister

Tim Snow Executive Pastor

Scott Ringgold  
Department of Planning and Development  
P.O. Box 34019  
Seattle, WA 98124-4019

Re: Seattle Children's Hospital's Draft Major Institution Master Plan and Draft  
Environmental Impact Statement

Attention Scott Ringgold:

I am writing to strongly support Seattle Children's Hospital's expansion as outlined in Alternative 7 – Early Laurelon Development. As a Pastor at one of the largest churches in Seattle I interact with Children's Hospital on a regular basis as they care for children of our congregation and interact with the ministries we provide. It is an extraordinary place with an extraordinary mission. It is crucial that we approve the way forward for this critical expansion.

I have personally benefited from the care at Children's Hospital as my daughter Andra was treated for Leukemia with 2 ½ years of chemotherapy. This was 16 years ago and even then the difficulty of the undersupply of private rooms and overcrowding were present. Children's Hospital is one of our most critical resources in this city and in a 4 state region. We must help them to expand their facilities to meet the growing needs of children and families in this region. It is of highest priority.

As I have followed the planning process and the alternatives explored it seems crystal clear that Alternative 7 – Early Laurelon Development is the best possible expansion option. It is crucial that this expansion happen on the current campus and this option makes this possible with the least negative impact to the surrounding neighborhood. Please affirm this option for our beloved Children's Hospital. It is the right thing to do.

Sincerely,

Timothy Charles Snow  
Executive Pastor

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JUL 11 2008

THE CITY OF SEATTLE  
DEPARTMENT OF  
PLANNING  
AND DEVELOPMENT

Cc: Michael Jenkins  
Seattle Mayor Greg Nickels  
Citizens Advisory Committee Members for Children's Hospital and Regional  
Medical Center c/o Steve Sheppard



Urban League of  
Metropolitan Seattle

*Empowering Communities.  
Changing Lives.*

105 Fourteenth Avenue • Seattle, WA 98122 • 206-461-3792 • Fax 206-461-8425 • [www.urbanleague.org](http://www.urbanleague.org)

Dear Mr. Ringgold,

I am writing to you to express my support for Children's Hospital Master Plan that would dramatically expand their capacity to provide quality health care services to more children. For over 77 years, the Urban League of Metropolitan Seattle (ULMS) has been a champion of health care for ALL of our children, especially those who do not have the capacity to pay but do have a need for services that in many cases will save their life.

Children's is not simply a Hospital for the elite. I have been personally impressed by the fact that Children's was able to provide over \$65 million in undercompensated care in 2007. This demonstrates their commitment to help Children everywhere and is one of the reasons you see so much support from communities of color.

At ULMS, we understand some of the neighbor's concerns. We believe that those who have voiced their opposition should be given direct and complete answers to their concerns because issues such as transportation are extremely important. As one of the proponents of the expansion of the Street Car, it appears to me that Children's has an impressive transportation plan that can meet their growth projections.

Once again, on behalf of my organization, we support the expansion and hope that the City of Seattle moves forward to approve the plan next year.

Sincerely,

James Kelly  
President & CEO

cc: Mayor Greg Nickels, Citizens Advisory Committee Members for Children's Hospital and Regional Medical Center, Department of Neighborhoods c/o Steve Sheppard

1



2324 Eastlake Avenue East ♦ Suite 500 ♦ Seattle, WA ♦ 98102  
206-732-6700 ♦ 206-732-6701 Fax ♦ www.wabio.com

July 8, 2008

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JUL 11 2008

Scott Ringgold  
Department of Planning and Development  
PO Box 34019  
Seattle WA 98124-4019

THE CITY OF SEATTLE  
DEPARTMENT OF  
PLANNING  
AND DEVELOPMENT

Dear Mr. Ringgold,

The Washington Biotechnology & Biomedical Association (WBBA) has more than 450 members, including research institutions such as the UW, WSU, Fred Hutchinson Cancer Research Center, PATH and the Seattle Biomedical Research Institute and many more, as well as companies such as Amgen, Rosetta/Merck, Trubion, Calypso, ZymoGenetics and hundreds more. These institutions, companies and the people who work there are focused on building a thriving life sciences sector and extending better health to the people of this community and around the world.

Children's Hospital is one of our leading members and is a vitally important element in our region's strategy to be a world leader in life sciences and health care.

Children's Hospital has been an indispensable asset to Seattle, and beyond, for decades and the excellence of its patient care is well known. Today, Children's Hospital is on a pathway to becoming even more remarkable as a leader in research and the best possible care. These two go hand in hand. The very best doctors want to practice medicine in a place where the most advanced and most effective techniques are developed and available. And excellence in research requires the opportunity to apply new knowledge for the benefit of those who need it most.

The proposed expansion of Children's Hospital is crucial to fulfilling its potential as a world-class children's hospital in the 21st century, which will benefit, directly or indirectly, every resident of Seattle and many more throughout our region.

WBBA strongly supports the proposed expansion of Children's Hospital and its capacity to serve children with the most serious medical needs.

Sincerely,

Jack Faris, Ph.D.  
President

JF/

cc Mayor Greg Nickels  
Steve Sheppard

1

Washington  
State  
Hospital  
Association



July 21, 2008

City of Seattle  
Department of Planning and Development  
Attn: Scott Ringgold  
P.O. Box 34019  
Seattle, WA 98124-4019

Dear Mr. Ringgold,

The Washington State Hospital Association strongly supports the proposed campus expansion of Children's Hospital and Regional Medical Center in Seattle's Laurelhurst neighborhood.

We have seen first hand the need for more inpatient beds in the Seattle area. During recent years, a shortage of hospital beds has increasingly caused hospitals to divert ambulances coming to their door. We have been meeting with our hospitals and others to determine ways to address overcrowding in emergency rooms in the area - overcrowding caused by the inability to place a patient in an inpatient bed because the area's acute care units are filled to capacity. By building more pediatric beds, Children's will help relieve this problem.

We are especially pleased to learn that part of the expansion at Children's will be additional psychiatric beds, one of the major reasons our hospitals are experiencing overcrowding in their emergency rooms. Our state has a critical shortage of beds to care for seriously ill psychiatric patients. This problem has been compounded in recent years as many hospitals have closed psychiatric beds or units because they are not profitable and drain hospital resources from other areas. The expansion at Children's should help assure appropriate care to help meet the needs of seriously mentally ill children in our region.

We also understand the importance of single rooms to provide a safe environment for patients and to limit the spread of infections in the hospital. Again, the proposed expansion helps Children's meet these needs.

With an office in Seattle, we are well aware of the issues of traffic and congestion. Children's has spent considerable time and resources in seeking

3331 1st Avenue West  
Suite 200  
Seattle, WA 98119  
Phone 206-461-7731  
Fax 206 263 6122  
www.wsha.org

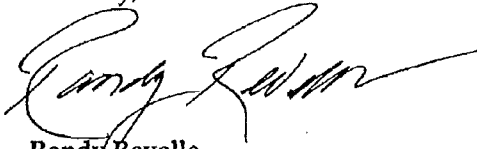
1

ways to mitigate the impact of the proposed expansion on the surrounding Laurelhurst neighborhood. Alternative 7 provides a reasonable approach to meet the hospital's and the neighborhood's needs.

**1 Cont**

Increased access to pediatric care is critical for our region and will enable many more children to benefit from the expertise a pediatric center can offer.

Sincerely,



**Randy Revelle**  
Senior Vice President  
Policy and Public Affairs



**Claudia Sanders**  
Senior Vice President  
Policy Development

CC: Thomas Hansen MD, Chief Executive Officer  
Children's Hospital & Regional Medical Center

Lisa Brandenburg, Senior Vice President & Chief Administrative Officer  
Children's Hospital & Regional Medical Center



**NATIONAL  
MEDICAL  
ASSOCIATION**

RECEIVED  
JUL 22 2008

THE CITY OF SEATTLE  
DEPARTMENT  
OF PLANNING  
AND DEVELOPMENT

**Gail N. Morgan, M.D.  
Washington State Medical Society  
1511 40<sup>th</sup> Avenue  
Seattle, WA 98122**

**July 21, 2008**

Mr. Scott Ringgold  
Department of Planning and Development  
City of Seattle  
P.O. Box 34019  
Seattle, WA 98124-4019

Dear Mr. Ringgold:

As the President of the Washington State Medical Society a chapter of the National Medical Association (NMA), I wish to express my support for Children's new alternative, which now includes the purchase of the Laurelon Terrace Condominiums. I fully understand that there is a great need for Children's to expand to meet the pediatric needs of the region. I personally experienced the fact that Children's is near capacity. This past winter, my young child needed a surgical procedure and she had to wait 4 months to have the procedure. It was difficult for our family during these four months to know that our child needed a procedure and could not be treated due to Children's being at capacity.

Therefore, as a physician and a parent, I want to enthusiastically support the Laurelon Terrace Condo Alternative which would allow Children's to add the necessary square footage of 1.5 million over the next 15-20 years,

Sincerely,

Gail N. Morgan, M.D.



July 24, 2008

Department of Planning and Development (DPD)  
Attn: Scott Ringgold  
P.O. Box 34019  
Seattle, WA 98124-4019

Dear Mr. Ringgold,

We are writing to express our support for the proposed expansion of Children's Hospital and Regional Medical Center's (CHRM). WithinReach and CHRM have a long and rich history as organizational partners. Each of our organizations has a vested interest in the health and well-being of children and families in WA State.

This exciting expansion promises to enhance the hospital's family-centered care environment and will increase patient privacy, patient safety and comfort levels for young patients and families alike. Specifically, we would like to call out a few of the major advantages this expansion provides:

- CHRM is a critical resource for our city, state and region. It is one of the nation's leading academic pediatric medical centers. In addition, Children's provides care for every child, regardless of their family's ability to pay.
- The expanded hospital would provide for the needs of the increasing number of chronically ill children, who are living longer than ever before and consequently requiring more of the high-intensity care only available at CHRM.
- The expansion would create more single-patient rooms, which afford children and their families privacy while helping stop the spread of infectious disease – a real threat to children with already compromised immune systems.

This region is fortunate to have access to such progressive, family-centered care, and world-class specialists. We look forward to seeing the plans to expand CHRM realized so that even more children in Washington can access the very best care.

We recognize the critical role partners play in a planning process as large as this and want to thank the Citizen's Advisory Committee and the City of Seattle for all the incredible work that has been done up to this point. Thank you for the opportunity to comment on the CHRM expansion.

Sincerely,

*Patty L. Hayes*

Patty Hayes, RN, MN  
Executive Director

cc: Mayor Greg Nickels  
Steve Sheppard, Dept of Neighborhoods

11000 Lake City Way N.E. • Suite #301 • Seattle, WA 98125-6748 • 206.281.2465 • fax 206.270.6891 • [www.withinreachwa.org](http://www.withinreachwa.org)

**Programs of WithinReach**

Family Health Hotline • HealthyKidsNow! Hotline • Family Planning Hotline • Family Food Hotline • ParentHelp123.org  
API Hepatitis B Task Force • Breastfeeding Coalition of Washington • Immunization Action Coalition of Washington





# Yakima Valley Farm Workers Clinic

**Central Administration:**  
518 West First Avenue | P.O. Box 190  
Toppenish, Washington 98948  
Phone 509-865-5898 | Fax 509-865-4337

- ☐ **Toppenish Medical-Dental Clinic**  
518 West First Ave.  
P.O. Box 190  
Toppenish, WA 98948  
Medical: 509-865-5600  
Dental: 509-865-3886
- ☐ **Grandview Medical-Dental Clinic**  
1000 Wallace Way  
Grandview, WA 98930  
Medical: 509-882-3444  
Dental: 509-882-4491
- ☐ **Yakima Medical-Dental Clinic**  
602 East Nob Hill Blvd.  
Yakima, WA 98901  
Medical: 509-248-3334  
Dental: 509-248-1082
- ☐ **Behavioral Health Services**  
918 East Mead Ave.  
Yakima, WA 98903  
509-453-1344
- ☐ **Family Medical Center**  
Walla Walla, WA 509-525-6650
- ☐ **Hermiston Community Health Clinic**  
Hermiston, OR 541-567-1717
- ☐ **Salad Medical Center**  
Woodburn, OR 503-982-2000
- ☐ **Spokane Falls Family Clinic**  
Spokane, WA 509-326-4343
- ☐ **Valley Vista Medical Group**  
Prosser, WA 509-786-2010
- ☐ **Lincoln Ave. Medical-Dental Center**  
Yakima, WA  
• Lincoln Pediatrics  
509-575-1234  
• Women's Health Network  
509-575-1234  
• ViewCrest Pediatric Dentistry  
509-575-3399  
• Northwest Dental Residency  
509-575-3316
- ☐ **Mountainview Women's Health Ctr.**  
Grandview, WA 509-882-4700
- ☐ **Children's Village**  
Yakima, WA 509-574-3220
- ☐ **Family Dental Care**  
Ellensburg, WA 509-962-2435
- ☐ **Rosewood Family Health Center**  
Portland, OR 503-772-4335
- ☐ **Miramar Health Center**  
Pasco, WA 509-543-9280
- ☐ **Lancaster Family Health Center**  
Salem, OR 503-588-0076
- ☐ **Northwest Community Action Ctr.**  
Toppenish, WA 509-865-7630
- ☐ **WIC Nutrition Services**  
Main Office: Yakima, WA  
509-248-8602
- ☐ **Planning & Development Office**  
Yakima, WA 509-248-3782

July 18, 2008

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JUL 23 2008

THE CITY OF SEATTLE  
DEPARTMENT OF  
PLANNING  
AND DEVELOPMENT

Mr. Scott Ringgold  
Seattle Department of Planning and Development  
P.O. Box 34019  
Seattle, WA 98124-4019

Dear Mr. Ringgold:

Yakima Valley Farm Workers Clinic strongly supports the Children's Hospital and Regional Medical Center's Master Plan proposal for expansion in Seattle.

We have had a very collaborative partnership with Children's Hospital for many years. Our patients and families have benefited greatly from the outreach clinics we provide together at Children's Village in Yakima. Additionally, pediatric patients from throughout the rural communities we serve have received exceptional care at the hospital facilities in Seattle.

In order to maintain access and capacity, we recognize that Children's Hospital needs to grow in order to continue to meet the growing need for specialized pediatric care throughout our region. Through expansion, Children's Hospital can continue to provide a world-class inpatient facility where critically ill children can receive comprehensive care from teams of highly skilled physicians, nurses and supporting staff.

Sincerely,

Juan Carlos Olivares  
Executive Director



CHILDREN'S HOSPITAL  
AND REGIONAL MEDICAL CENTER  
MAJOR INSTITUTION MASTER PLAN  
ENVIRONMENTAL IMPACT STATEMENT  
PUBLIC HEARING

REPORTER'S TRANSCRIPT OF PROCEEDINGS  
JULY 10, 2008  
NORTHWEST HORTICULTURE SOCIETY HALL  
UNIVERSITY OF WASHINGTON  
3501 NORTHEAST 41ST STREET  
SEATTLE, WASHINGTON

REPORTED BY: Emily K. Niles, RPR, CRR  
WA CCR #2794, NV CCR #782

**7/10/2008 Reporter's Transcript of Proceedings**

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SEATTLE, WASHINGTON, THURSDAY, JULY 10, 2008;

6:05 P.M.

-oOo-

MR. RINGGOLD: Good evening.

06:05 So thank you all for coming out tonight.

I'm Scott Ringgold. I'm a land use planner with the City's Department of Planning and Development. Thank you for coming tonight.

06:05 This is Katy Chaney, a consultant with URS working with us on the Draft Environmental Impact Statement.

06:06 You're here tonight to offer comments about the Draft Master Plan and Draft Environmental Impact Statement for a proposed expansion at Children's Hospital. I'm here tonight to listen and to take notes, so I'll try to be brief.

06:06 We've been working together for about a year now, which means we're about halfway through a process that's intended to last about two years. Toward the outset DPD took your comments as part of scoping for a Draft Environmental Impact Statement. Then Children's issued its preliminary Draft Master Plan and my department, DPD, issued a preliminary Draft Environmental Impact Statement. The Citizens Advisory Committee, Children's, and DPD shared feedback about those drafts and we updated them in response.

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06:06           On June 9th, DPD published notice that both of those documents, the Draft Master Plan and the draft EIS, are available for public review. That started a 45-day comment period on both documents and we're midway through that comment period now.

06:07           This hearing is one of your opportunities to present comments on the Draft Master Plan and the EIS. I'll continue to accept and review comments through July 25th. I'll explain how you can do that later.

06:07           So as you've come into the room, there was a sign-in sheet. If you'd like to speak, please make that clear on the sign-in sheet and I'll call people from those sheets.

06:07           We have a four-page handout that you might have found on your chair. It gives a quick overview of the process and what we're doing here tonight.

06:07           There are also copies of the Draft Environmental Impact Statement. So -- and that's also available online. And I don't have a blackboard but -- okay. It's possible to go to the City's Web site or to Children's to find both those documents online at [seattle.gov/dpd/chrmc\\_deis](http://seattle.gov/dpd/chrmc_deis) or at [masterplan.seattlechildrens.org](http://masterplan.seattlechildrens.org).

06:08           There's also at the back of the room a comment sheet. So that's one of a number of ways you can submit

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06:08 1 your comments.

2 You can email me. My email is here,  
3 scott.ringgold@seattle.gov.

4 You can drop written material with me here. You  
06:08 5 have your oral comments tonight. And again, all my  
6 contact information is there if you'd like to mail me a  
7 letter.

8 Tonight we have one microphone here and a court  
9 reporter who will transcribe your comments so we'll  
06:08 10 include those in the record. There's a second court  
11 reporter, stenographer, Kim, at the back, I believe, in  
12 this corner, who is available to take your comments  
13 directly so that you don't have to get up in front of a  
14 large audience like this.

06:09 15 Speaking of large audiences, I'd like to appeal to  
16 the sense of civility and to goodwill that's been so  
17 evident through this process, out of respect of all  
18 speakers, please keep your comments to two minutes.  
19 You'll have a timekeeper, Julie, who I will explain who  
06:09 20 will help you keep to that in a minute.

21 Respect all speakers. Please no clapping because  
22 we need to use this time the most efficiently we can.  
23 And then please take any conversations outside of the  
24 room. We may have to -- as things warm up in here, we  
06:09 25 may have to open these doors anyway so just keep in mind

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06:09 1 that noise travels between these spaces. Please turn  
2 off your cellphones right now.

3 Thank you.

4 And I'll be calling names probably in no  
06:09 5 particular order. So once you hear your name, if you  
6 can come and sort of stage yourself behind the current  
7 speaker, that way we can move through comments as  
8 efficiently as we can. When you come to the front here,  
9 if you would spell your name, that would be helpful to  
06:10 10 the stenographers as well.

11 So with that, could we please have  
12 Margaret Wallon. Come to the front here and present  
13 your comments, with Deborah Buck, followed by  
14 Mark Delbeccaro.

06:10 15 MARGARET WALLON: Okay. I'm Margaret Wallon  
16 and --

17 MR. RINGGOLD: Please spell your name.

18 MARGARET WALLON: Margaret is just the way it  
19 usually is. Wallon is W-a-l-l-o-n.

06:11 20 My grandparents came to the state of Washington  
21 into Seattle before it was a state and they settled in  
22 Seattle and we have as a family had six generations of  
23 involvement with Children's Hospital. We would like  
24 very much to have another six generations with this  
06:11 25 wonderful hospital.

H1-1

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06:11 1 I would like to say that I love Seattle and one of  
2 the very, very best things about Seattle as far as I'm  
3 concerned is Children's Hospital. And I'm going to  
4 introduce my daughter Deborah who will talk about the  
06:12 5 rest of the family.

6 DEBORAH BUCK: My name is Deborah Buck,  
7 D-e-b-o-r-a-h B-u-c-k.

8 As my mother said, our family has six generations  
9 of interest in Children's Hospital and its ability to  
06:12 10 admit all children who need a bed. For almost 100 years  
11 my family has used and contributed beds. My grandmother  
12 was on the board of directors from 1912 to 1917. When  
13 she lost one of her children, my mother's sister  
14 Ila [phonetic], my great-grandparents endowed a room at  
06:12 15 Children's in Ila's memory. My mother's cousin,  
16 James Holme [phonetic], left his entire estate for  
17 uncompensated care at Children's.

18 When I was 16, I volunteered there as a candy  
19 striper and I started a junior orthopedic guild at my  
06:13 20 high school. My child was saved there twice. At birth  
21 she was rushed to intensive care. When she was four she  
22 was hospitalized for an unusual and life-threatening  
23 illness. We are grateful to those who had the foresight  
24 and courage to make beds available.

06:13 25 When my nephew Max was eight, he had juvenile

H1-1 Cont

H1-2



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06:13 1 diabetes and was immediately taken to Children's. We  
2 are grateful to those who had the foresight and courage  
3 to make beds available.

4       Going forward, if my great-nephew  
06:13 5 Ayleric [phonetic] needs a bed, we hope it will be there  
6 for him. We plead with the City to look into the future  
7 to take care of the next six generations of children.  
8 Please provide for the full expansion. Make beds  
9 available. Thank you.

06:14 10       MR. RINGGOLD: Oh, I'm sorry, I called  
11 Mark Delbeccaro -- Delbeccaro. I'm sorry.

12       MARK DELBECCARO: My name's Mark Delbeccaro. It's  
13 spelled D-e-l-b-e-c-c-a-r-o, and nobody can say it  
14 right, so that's okay.

06:14 15       MR. RINGGOLD: I'm sorry.

16       MARK DELBECCARO: I'm a pediatrician and chief at  
17 Children's and I work in the emergency department  
18 clinically, but I also work with all the units around  
19 the hospital and I've been at that hospital even before  
06:14 20 medical school since '79.

21       And as the people before me so eloquently stated,  
22 this is a legacy and a right and a privilege to work  
23 there, to be seen there, that I think is very special to  
24 our region. And I think people who travel around the  
06:15 25 rest of the country may not realize the full breadth of

H1-2 Cont

H1-3

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Page 8

06:15 1 what we do here, what the community makes available to  
2 all the children here.

3 I was on duty last night overnight in the  
4 emergency room and I can tell you the children that we  
06:15 5 admitted from around this region came to Children's  
6 because it was the place where they come for hope and  
7 for the best care, and we as providers there know that  
8 that's a privilege to work there.

9 I know that we also view ourselves as stewards of  
06:15 10 what that right and privilege is to work there, and we  
11 ask the City to realize that they also are part of that  
12 privilege to work in an area that has the community that  
13 supports the hospital like that. We also know that we  
14 have to be good neighbors. I myself, like many other  
06:15 15 people there, bike in and out to work. I can tell you  
16 several of us biked in at night and bike home at night  
17 and that is not something that you would see in other  
18 communities.

19 So while we realize there is an impact, we also  
06:16 20 realize that we are part of the community and that the  
21 community should be proud to have this. Thank you.

22 MR. RINGGOLD: Thank you.

23 Francis Spelman, followed by Vitoria Lin.

24 FRANCIS SPELMAN: Francis Spelman,  
06:16 25 F-r-a-n-c-i-s S-p-e-l-m-a-n.

H1-3 Cont

H1-4

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06:16 1 And thank you, Mr. Ringgold and ladies and  
2 gentlemen. Children's Hospital benefits the regional  
3 community greatly. Foremost, it cares for acute ill and  
4 chronically ill patients. It has a huge, a \$65 million  
06:16 5 budget last year for uncompensated and partially  
6 compensated care. That was a 57 percent increase over  
7 the year before. That's impressive.

8 We have personal experience. Both our son and  
9 several of our grandchildren have received acute care at  
06:17 10 Children's Hospital successfully, rapidly, and  
11 thoroughly. It's an acclaimed pediatric hospital. It's  
12 rated eighth in the nation and first on the West Coast  
13 by U.S. News & World Report. In addition to all of  
14 that, it provides public service, having television  
06:17 15 spots on safety and housing a poison center here.

16 Children's facilities are currently insufficient  
17 to its task. It's running near capacity. It runs more  
18 than 15 percent more than recommended levels of  
19 occupancy for pediatric hospitals. It's overcrowded.  
06:17 20 The reason for that, more than half of the patients are  
21 chronically ill, they have long stays, and that  
22 population of chronically ill people is increasing  
23 3 percent per year.

24 The proposed expansion will solve the problem for  
06:18 25 the next 15 to 20 years. Moving to a new location would

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06:18 1 be overly expensive and insufficient. The shortage of  
2 pediatric subspecialists makes it unlikely to duplicate  
3 the facility and this better meets the needs of patients  
4 and their families. The plan has been vetted and  
06:18 5 accepted by Children's and by their Citizens Advisory  
6 Committee. It leaves the existing hospital intact,  
7 lowers the heights of future buildings to meet public  
8 opinion, reduces traffic congestion, and keeps  
9 development away from residential neighborhoods. Thank  
06:18 10 you.

11 MR. RINGGOLD: Thank you. Vitoria Lin.

12 VITORIA LIN: Hi. My name is Vitoria --

13 MR. RINGGOLD: Followed by Jamie Flaxman.

14 VITORIA LIN: Hi. My name is spelled

06:18 15 V-i-t-o-r-i-a, last name L-i-n.

16 I'm the director of government relations at the  
17 Greater Seattle Chamber of Commerce and I'm here to  
18 state the Chamber's support for the expansion plans for  
19 the Seattle Children's Hospital. Specifically we  
06:19 20 believe that Alternative 7 provides the best opportunity  
21 to meet the hospital's critical need for space while  
22 preserving surrounding neighborhoods' character.

23 Children's Hospital is a vital component of our  
24 region with a lifesaving mission. For the local economy  
06:19 25 it provides -- for the local community, excuse me, it

H1-4 Cont

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06:19 1 provides some of the best -- the world's best pediatric  
2 specialty care right here in our own backyard. But the  
3 hospital's reach goes far beyond the community, from  
4 cutting edge research in South Lake Union to  
06:19 5 doctor-to-doctor knowledge transfers in Africa.

6 Not only is the hospital a major player in our  
7 region's growing global health sector, it is also a  
8 local leader in efforts to reduce carbon footprint and  
9 reduce the vehicle miles traveled.

06:19 10 The hospital's expansion plans will offer even  
11 more ways to reduce vehicle trips by patients, visitors,  
12 and staff through alternative transportation loads such  
13 as transit, cycling, carpool lane, and van pool lane.  
14 Most importantly, Children's Hospital needs to grow.  
06:20 15 It's currently at capacity and is facing an increasing  
16 need for a specialized pediatric care in our region.  
17 Through expansion Children's can provide a world-class  
18 inpatient facility in one central district location  
19 where critically and terminally ill children can receive  
06:20 20 comprehensive care.

21 So we urge that you support the  
22 Children's Hospital expansion plans. Thank you.

23 MR. RINGGOLD: Jamie Flaxman, followed by  
24 Dixie Wilson.

06:20 25 JAMIE FLAXMAN: My name is Jamie Flaxman,

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H1-6

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06:20 1 J-a-m-i-e, F as in Frank, l-a-x, man.

2 I'm here to speak on behalf of the expansion of  
3 Children's Hospital. As a parent, I never expected to  
4 use the hospital other than the occasional emergency  
06:20 5 room visit for stitches. Little did I know how much  
6 time I would end up spending in that building and how  
7 grateful I would be for it.

8 My -- there is no other provider in Seattle that  
9 can provide the care my son needs, not Swedish, not the  
06:21 10 University of Washington, not Harborview, not Northwest.  
11 My son has unique mental health needs. He is diagnosed  
12 with ADHD, bipolar disorder, and a generalized anxiety  
13 disorder. He also has learning challenges as a result.

14 He has been seen at Children's since 2003, first  
06:21 15 at [unintelligible] Lake City Mental Health Clinic until  
16 it was moved to the main hospital. Last year he also  
17 required hospitalization on their inpatient psychiatric  
18 unit for stabilization and assessment. Imagine having  
19 to place a ten-year-old child in the hospital because he  
06:21 20 cannot control his emotions. He is raging out of  
21 control, hitting, screaming, kicking, losing control,  
22 endangering himself and others.

23 I had tried to have my son admitted to Children's  
24 a couple of years prior for help when he was even worse  
06:22 25 when my then eight-year-old had wanted to die when he

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06:22 1 had climbed out of his second-story bedroom window onto  
2 the roof. But at that time there were no beds  
3 available, no beds at Children's Hospital. How sad is  
4 that. I wasn't willing to admit him then to a  
06:22 5 psychiatric unit that wasn't focused on children so I  
6 dealt with him at home. It was almost the end of me.

7 Last year when things became bad again, thankfully  
8 there was a bed available at Children's. That  
9 hospitalization was the best decision ever. The last  
06:22 10 eight months I have had a new child, happy for the first  
11 time I can remember, successful for the first time in  
12 school, and less combative at home. This is because of  
13 the care he has received at Children's. But it  
14 shouldn't come to the point of if there is a bed  
06:22 15 available.

16 With the expansion of Children's, there will be a  
17 bed available to meet the needs of my child and every  
18 child in Seattle and King County. Thank you.

19 MR. RINGGOLD: Thank you, Jamie.

06:23 20 Dixie Wilson, followed by Laurie Samuelson.

21 WARD BUSHNELL: Actually, I'm Ward Bushnell  
22 speaking in Dixie's position. We are cochairs along  
23 with Steve Ross for Friends of Children's. And we would  
24 like to thank everybody for being here tonight and we  
06:23 25 also would agree and we think everybody in this room

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06:23 1 agrees that Children's Hospital is a world-class  
2 organization and it's an asset to King County and our  
3 entire region that needs to be supported.

4 I also have a personal reason for being involved  
06:23 5 with Children's because last August my grandson, two  
6 years old, was diagnosed with a rare form of cancer. In  
7 the last eleven months he's been in Children's Hospital  
8 for over a hundred nights. During that time I have also  
9 been able to be around the hospital and have had a  
06:24 10 firsthand witness to a number of things that go on at  
11 the hospital.

12 One, I have witnessed world-class care from  
13 physicians and staff. This care, it could not be  
14 provided any other place throughout the Northwest. I  
06:24 15 have also witnessed the fact that there have been some  
16 evenings when our children and our grandson had to wait  
17 six to eight hours to be admitted to the hospital  
18 because there was not room. The hospital is simply not  
19 large enough today, nor in the future.

06:24 20 I have also been able to witness the collaboration  
21 between the University of Washington, Fred Hutch, and  
22 Children's. Our grandson received his chemo treatment  
23 at Children's and his radiation treatment at the  
24 University of Washington. This collaboration is  
06:25 25 essential in providing world-class healthcare going

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06:25 1 forward.

2 Because of these reasons and many more, we believe  
3 Alternative No. 7 is the best alternative to expand the  
4 hospital, mitigate traffic, preserve the neighborhood,  
06:25 5 and limit height. We thank everybody for coming and we  
6 thank you for listening to our opinion.

7 MR. RINGGOLD: Thank you.

8 Laurie Samuelson, followed by Jan Kirkwood.

9 LAURIE SAMUELSON: My name is Laurie Samuelson,  
06:25 10 L-a-u-r-i-e S-a-m-u-l -- u-e-l-s-o-n.

11 I'm a supporter of Children's Hospital, having  
12 served three terms as a guild association trustee which  
13 included two terms as chairman of that board. So I am  
14 very passionate about the high quality of care this  
06:25 15 hospital provides to all patients regardless of their  
16 ability to pay. This fact is one of the main reasons  
17 that keeps this hospital so unique and makes it hold  
18 such a special place in our community.

19 I moved to Seattle 20 years ago, but came to more  
06:26 20 fully appreciate what this hospital means to the  
21 families it serves when my nephew was treated for a  
22 sinus infection which had traveled to his brain  
23 requiring neurosurgery. He was placed in a single-bed  
24 room where my brother and sister-in-law could be with  
06:26 25 him around the clock without disturbing any other child

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06:26 1 and family as well as allowing them the privacy they  
2 need.

3 Some people have asked, well, why does Children's  
4 need single-bed rooms, why can't they continue to  
06:26 5 provide multi-bed rooms for most of their patients.  
6 Most children who come to the hospital today are  
7 increasingly critically ill, needing complex care, and  
8 equipment not available 20 years ago, and some of this  
9 equipment often requires a single-bed room.

06:26 10 The patient population has increased just as our  
11 population in our area has increased. And because of  
12 this, as you've heard already, the hospital is often at  
13 or very near capacity without enough beds even to serve  
14 for some sudden outbreaks in the community or some  
06:27 15 sudden emergency that would require a number of beds on  
16 short notice. No parent should ever have to be told  
17 that their seriously ill child must be diverted to  
18 another facility because Children's is full.

19 This advisory committee has worked hard to come up  
06:27 20 with an alternative that would address community  
21 concerns while meeting the very real need for new beds.  
22 Therefore, I believe Alternative 7 is not just the best  
23 solution but the right solution for all, the hospital,  
24 the community, but most especially the parents who will  
06:27 25 continue to depend on this incredible institution.

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06:27 1 Thank you.

2 MR. RINGGOLD: Thank you.

3 Jan Kirkwood.

4 JAN KIRKWOOD: My name is Jan Kirkwood,

06:28 5 J-a-n K-i-r-k-w-o-o-d. I'm an attorney practicing law  
6 in downtown Seattle.

7 I grew up in Laurelhurst and moved into Laurelon  
8 into the unit that my parents then owned in the 1980s  
9 after I got out of law school. Before that my sister  
06:28 10 lived there, and after that my husband and I bought my  
11 family's unit. I was on the board of Laurelon for a  
12 number of years and one of its past presidents, and I've  
13 been working hard with the hospital and the

14 Citizens Advisory council on Laurelon Alternative 7, and  
06:28 15 I want to offer my thoughts in support of Alternative 7.

16 It allows building to expand to the west away from  
17 the neighborhood. It allows some of the quieter uses at  
18 the hospital and its administration to be put back more  
19 into the neighborhood and keeps the entrances out of the  
06:28 20 neighborhood. I think that the location of Laurelon is  
21 perfect for the uses to which the hospital wants to put  
22 it.

23 I also want to make a couple of comments about  
24 some of the issues that seem to keep coming up in the  
06:29 25 discussions I hear about the expansion, and one of them

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06:29 1 has to do with challenging the hospital's legitimate  
2 need for additional space. And it just occurs to me  
3 that a hospital enterprise is not one where you create a  
4 market just by being there. More children are not going  
06:29 5 to get sick just because there's a hospital there to  
6 care for them. Nor does the hospital have any incentive  
7 to overbill, to treat patients who are well with money  
8 provided by donors, that most of their care, much of  
9 their care is provided by volun -- by donations and is  
06:29 10 uncompensated. So if the hospital doesn't need to build  
11 1.5 million square feet, it probably won't build  
12 1.5 million square feet, but that's not a decision for  
13 us to make today.

14 And this is an arduous process for the  
06:29 15 neighborhood, for the neighbors, for the hospital.  
16 There are countless professional experts have been hired  
17 and paid handsomely to render expert opinions on these  
18 things, and I urge the City -- I think this is a process  
19 where there's always some urge to compromise, but I  
06:30 20 think in this case because of the arduousness and the  
21 expense of this process, I urge the City to approve the  
22 hospital's expansion for 1.5 million square feet. Thank  
23 you.

24 MR. RINGGOLD: Thank you, Jan.

06:30 25 Nicole Bahr is next, followed by James Mirel.

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06:30 1 NICOLE BAHR: My name's Nicole Bahr, N-i-c-o-l-e,  
2 last name's B-a-h-r.

3 I'm a Washington native. I grew up in the area.  
4 I live in Fremont now, went to the  
06:30 5 University of Washington. So I'm very familiar with the  
6 traffic problems and I experience them every day when I  
7 go to work.

8 And I am here because Children's Hospital saved my  
9 life. When I was in high school, I had a very serious  
06:30 10 accident and -- falling water skiing and nobody could  
11 figure out what the problem was and I went through  
12 numerous doctors and it was about six months of that,  
13 and it wasn't until I got to Children's Hospital that  
14 the doctors were willing to do exploratory surgery to  
06:30 15 see what the problem was and it was much more serious  
16 than what they expected.

17 I had a cyst that had burst and it burst up in my  
18 organs and they had to go back and resew the thing up.  
19 So what started as an elective surgery ended up being an  
06:31 20 eight-hour surgery in the middle of the night. And  
21 because Children's Hospital had space for me, I was able  
22 to have the top doctor at Children's Hospital for  
23 urology to do surgery and I was also able to stay at the  
24 hospital for an extra week which was unplanned and  
06:31 25 that -- and had it not been available, I would have

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06:31 1 died. So I just really appreciate that  
2 Children's Hospital is available in the community and  
3 I'm grateful for that.

4 And also I recognize it's a lot of growth problems  
06:31 5 in the area and I think it's -- I think it's very  
6 important that we have the foresight to say that  
7 Children's Hospital is the kind of organization that is  
8 important to our community that we need invest in and be  
9 flexible and work on the solutions because traffic  
06:31 10 problems aren't going to go away, but we can work out  
11 solutions and come up with some good urban planning  
12 alternatives and therefore I do support the  
13 Alternative 7 growth plan. I've done the research and  
14 it looks like a viable option and so I'm here today in  
06:32 15 support of that. Thanks.

16 MR. RINGGOLD: Thank you, Nicole.

17 James Mirel, followed by S. Ward Bushnell.

18 JAMES MIREL: My name is James Mirel, M-i-r-e-l.

19 I thank you for providing this opportunity for the  
06:32 20 public to comment on Children's Hospital expansion  
21 plans. I serve as a rabbi of Temple B'Nai Torah in  
22 Bellevue, Washington. I've served as a volunteer  
23 chaplain at Children's Hospital for the past 34 years.

24 In my opinion, the growth of Children's Hospital  
06:32 25 is vital for the continued health and well-being of

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06:32 1 children in our region. It pains me to think that a  
2 child could be turned away simply because there are not  
3 enough beds. Children's commitment to treating all  
4 children regardless of a family's ability to pay is  
06:32 5 remarkable. To think that this would be compromised,  
6 not for lack of funds, but for lack of space is  
7 unthinkable.

8 I reviewed the many steps the citizen advisory  
9 committee and the Children's Hospital have made to  
06:33 10 address the community's concerns and develop an  
11 alternative that is a win for the hospital and the  
12 neighborhood. It's dramatically lower buildings, lower  
13 density, and a development that's further from the  
14 neighborhood that is specifically Alternative 7.

06:33 15 I believe that the hard-working operations of the  
16 City, the CAC, the hospital, and the community provides  
17 a thoughtful in-depth analysis of this expansion, and  
18 shows how it preserved the character of the neighborhood  
19 while still meeting the needs of the countless children  
06:33 20 who need Children's Hospital today and the generations  
21 to come.

22 Thank you for your support.

23 MR. RINGGOLD: Thank you, James.

24 S. Ward Bushnell, followed by Cilla Joondeph.

06:34 25 DIXIE WILSON: Hi. I'm clearly not Ward Bushnell,

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06:34 1 but then he wasn't Dixie Wilson. So we needed to switch  
2 spots for a reason that doesn't really matter.

3 D-i-x-i-e W-i-l-s-o-n.

4 I've been a volunteer at Children's for about ten  
06:34 5 years and a resident of Laurelhurst for just about that  
6 same amount of time. And as things have a way of  
7 happening, they take a life of their own, and beyond my  
8 Wednesday mornings as a volunteer, I'm a member of two  
9 guilds and I am on the guild association board of  
06:34 10 trustees.

11 The time that I've spent in the hallways giving  
12 tours or just doing errands throughout the hospital has  
13 been a privilege and an honor. It's been amazing to see  
14 the changes, the growth, hear the personal stories of  
06:34 15 the families, get to know some of the kids. It has  
16 truly been an experience that will always stay with me,  
17 but when I realize -- and I'm one of the cochairs here  
18 of this group, but when I realized the need for a voice  
19 that was maybe a little bit different but more  
06:35 20 importantly in support of Children's Hospital for those  
21 of us that are residents of Laurelhurst and members of  
22 the greater community, I was thrilled to sign on as a  
23 cochair with Ward Bushnell and with Steve Ross and  
24 create the organization of Friends of  
06:35 25 Children's Hospital.

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06:35 1 And my key point that I'd really like to make are  
2 two things. One, Jan Kirkwood, thank you so much, and  
3 all of the rest of the Laurelhurst residents and  
4 homeowners for approaching Children's Hospital and  
06:35 5 giving them the opportunity to purchase the property to  
6 expand as we so desperately need. And the second thing  
7 is I just want to thank all of you because I'm  
8 absolutely blown away when I'm looking at all of these  
9 faces that you're taking the time out of your busy  
06:35 10 lives, and I see so many of you have this Friends of  
11 Children's sticker on and it's just a wonderful sense  
12 that we're finally getting a voice in this greater  
13 community that's in support of the hospital. Thank you.

14 MR. RINGGOLD: Thank you.

06:36 15 Cilla Joondeph, followed by Lisa Brandenburg.

16 CILLA JOONDEPH: My name is Cilla Joondeph,  
17 C-i-l-l-a J-o-o-n-d-e-p-h.

18 And I have the honor of serving as the chairman of  
19 the Seattle Children's Hospital board of trustees.

06:36 20 I'm here tonight to thank the Citizens Advisory  
21 Committee, the city staff, and the community for all the  
22 great work and dedication that has gone into developing  
23 the Seattle Children's Hospital master plan proposal to  
24 have the best possible outcome for everyone in the  
06:36 25 community.

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06:36 1 As you know, this is an extremely important  
2 project for children and their families. I particularly  
3 want to extend our deepest appreciation to the CAC for  
4 volunteering your time and your commitment and  
06:36 5 expertise. The alternatives that are under  
6 consideration are greatly improved due to your  
7 participation and leadership. On behalf of everyone at  
8 Children's, thank you for all you have done to bring us  
9 to this stage and for your continuing thoughtfulness  
06:37 10 throughout the process. Thank you.

11 MR. RINGGOLD: Thank you, Cilla.

12 Lisa Brandenburg, followed by a Mr. or Ms. Wicks,  
13 C. Wicks.

14 LISA BRANDENBURG: I'm Lisa Brandenburg,  
06:37 15 B-r-a-n-d-e-n-b-u-r-g.

16 And I just want to take a moment that -- to answer  
17 a question that has come up in the community. I'm a  
18 senior vice president at Children's Hospital.

19 The question concerns the single-family homes that  
06:37 20 Children's purchased early in this process. The homes  
21 are on the south and east campus parameters of the  
22 hospital across the street from the hospital. To be  
23 clear, I'm not referring to the Laurelon Terrace homes,  
24 but instead to nine homes Children's purchased on  
06:38 25 Northeast 45th Street and 44th and 45th Avenues

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06:38 1 Northeast.

2 Children's bought these homes to make them  
3 available for our faculty and staff. We will not use  
4 these homes for expansion into the south or east  
06:38 5 neighborhood areas, and we do not plan to pursue those  
6 homes for these plans because we do not want to expand  
7 the hospital in that direction. Also, we do not own any  
8 homes near Talaris along 45th.

9 Thank you for your time.

06:38 10 MR. RINGGOLD: Thank you.

11 C. Wicks. Steve Sallis? Do we have -- are you  
12 Mr. Wicks?

13 CRAIG WICKS: I am. It's Craig Wicks, W-i-c-k-s.

14 I think what perhaps makes my story most  
06:38 15 interesting is that my wife and I don't have children  
16 today, but we live in nearby Wallingford. And one of  
17 the reasons that we choose locations like Seattle and  
18 Wallingford is because it has access to great  
19 world-class services like the hospitals that are here.

06:39 20 We've been supporters of Children's Hospital for  
21 several years and I think really the asset that the  
22 Children's Hospital has hit home to me recently when a  
23 colleague of mine at work had a child that had to have  
24 care at Children's. And they came from Texas previously  
06:39 25 and he talked at length about how vital and just a

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06:39 1 world-class facility Children's was and it wasn't  
2 available in other places he lived.

3 So I think that we have to take time to understand  
4 the asset that we have and continue to support that  
06:39 5 asset. Because it's a world-class facility, we should  
6 support it. I support the expansion even though I don't  
7 have children or the heartfelt stories you have here  
8 today. And I'm really touched by all of them so I'll  
9 give folks time here to tell more of those. Thank you.

06:39 10 MR. RINGGOLD: Thank you.

11 Steve Sallis, followed by Brent Maughan.

12 STEVE SALLIS: Steve Sallis, S-a-l-l-i-s.

13 I'd like to speak in support of Alternative 7. I  
14 think Children's Hospital has done a great job of doing  
06:40 15 a needs assessment increasing the bed capacity in the  
16 hospital, and also the attempt to be as kind to the  
17 neighborhood as possible, and especially looking at the  
18 traffic and parking issues which are important issues  
19 not only in the Children's Hospital neighborhood but in  
06:40 20 many parts of Seattle. I'd hate to see us not to  
21 provide quality care for children just because of some  
22 additional traffic and parking issues that are  
23 concerned.

24 Also, I'm the pastor at the Catholic parish in  
06:40 25 Wallingford and over the years have spent a lot of times

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06:40 1 at Children's with parishioners and children and know  
2 the excellent care that's provided and would want to be  
3 sure that all the children who are in need of hospital  
4 care are able to receive it at Children's. Thank you.

06:40 5 MR. RINGGOLD: Thank you.  
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Non-supportive testimony is redacted  
because it does not support this appeal. It  
can be found in Exhibit E of the FEIS.

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Non-supportive testimony is redacted  
because it does not support this appeal. It  
can be found in Exhibit E of the FEIS.

COREY CASPER: I am Corey Casper,

C-o-r-e-y C-a-s-p-e-r, and I'm speaking because I have a  
number of characteristics which I think make me well  
suited to speak to this issue. I'm a physician who  
received much of my training at Children's. I'm a  
resident of Laurelhurst. I live on 49th Avenue  
Northeast. I'm a father of a four-year-old child who's  
received care at Children's. And so I thought I would  
offer my views quickly in two minutes.

So I came to Seattle for the express purposes of

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06:49 1 pursuing my medical education. My rotations at  
2 Children's Hospital showed to me that this was a  
3 world-class institution. I've been at many other  
4 world-class institutions, but I've never seen care  
06:50 5 delivered like it is at Children's. Again, I don't  
6 think that's in question today.

7 I moved to Laurelhurst two years ago, and one of  
8 the reasons I moved to Laurelhurst was to be nearer to  
9 Children's Hospital, and ironically, on the day that I  
06:50 10 moved to Laurelhurst, my daughter broke her arm, had to  
11 be seen at the emergency room. She received incredible  
12 care quickly, and to this day she actually enjoys going  
13 to Children's Hospital despite having her arm reset.

14 In addition to that, she continues to benefit from  
06:50 15 being here in Laurelhurst from Children's Hospital. My  
16 daughter learned how to swim at Laurelhurst -- at  
17 Children's Hospital. She learned bike safety. And  
18 again, I think all of these are part of the community  
19 outreach programs that the hospital offers. I think  
06:50 20 that these are all examples of how the hospital clearly  
21 bends over backwards for the neighborhood.

22 Again, I'm from New York City where the concepts  
23 of noise mitigation are not necessarily well ingrained  
24 into society, but I'm absolutely astounded to see how  
06:50 25 much Children's does to mitigate the effects of

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06:50 1 helicopters flying into the community. And as a  
2 healthcare provider on the receiving end to some of  
3 those sick kids, I quite frankly think that it may be  
4 more than is necessarily in acquiescence to the  
06:51 5 neighborhood.

6 Finally, I'd like to say that also another  
7 characteristic that made me qualified to speak on this,  
8 I have a master's in public health from the  
9 University of Washington and I can tell you that the  
06:51 10 issues that go into designing a hospital in its  
11 expansion and that sort of the suppositions that go into  
12 what are the needs and future bed capacity are not those  
13 that are meant for armchair health economists. These  
14 are difficult questions and I think as a point to that  
06:51 15 earlier, clearly there wouldn't be an expansion if there  
16 wasn't the need for it.

17 So I fully support Children's expansion for the  
18 Alternative 7, and I appreciate you listening to my  
19 comments today.

06:51 20 MR. RINGGOLD: Thank you.

21 David Miller, followed by Tony Lee.

22 DAVID MILLER: Thank you.

23 David Miller, M-i-l-l-e-r. Just a quick show of  
24 hands people here to support Alternative 7 for  
06:51 25 Children's Hospital.

H1-27 Cont

H1-28



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06:51 1 Okay. Thank you.

2 My name's Dave Miller and I'm a north-end resident  
3 of Seattle and I strongly urge you to support  
4 Alternative 7. After countless drafts, the plans for  
06:52 5 new buildings and traffic mitigation will substantially  
6 accommodate, I believe, any reasonable concerns of the  
7 surrounding neighborhoods.

8 This rather insanely long public process has  
9 already involved over a dozen meetings with multiarm  
06:52 10 public hearings. And I think like a lot of things in  
11 Seattle, the resources and resolve of a very few people  
12 can sometimes distort the will of the community. It's  
13 very clear that a few well -- vocal, well-connected  
14 neighbors in a most affluent neighborhood doesn't want  
06:52 15 Children's Hospital to grow nearly on any terms. This  
16 comes despite the fact, as other speakers have said,  
17 that Children's has been without beds as recently as  
18 this winter. It's at full capacity.

19 As I understand, the purpose of today's meeting is  
06:52 20 to evaluate whether the impact statement adequately  
21 addresses the concerns of proposed expansion on the  
22 surrounding neighborhood, and I think the answer is an  
23 overwhelming yes. The CAC and Children's have worked  
24 tirelessly to develop a workable plan that proactively  
06:53 25 addresses potential traffic impacts and improves

H1-28 Cont

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06:53 1 pedestrian-bicycle safety.

2 I think it's safe to say that some of our  
3 neighbors have relentlessly pursued lame excuses about  
4 critical need, building height, traffic noise,  
06:53 5 affordable housing that are patently obstructive.  
6 Children's has gone overboard to address these needs at  
7 a great expense. Children's will be building at the  
8 periphery of the neighborhood along a major arterial  
9 with close adjacency to a major regional shopping center  
06:53 10 at University Village, yet some people act like we're  
11 going to be building homes in the fifth fairway and kids  
12 are going to be swimming in their pools.

13 My wife and I have been fortunate never having had  
14 to use Children's services for anything, but when you  
06:53 15 walk the hall and see the resolve of these kids and  
16 their families, you can't help but be quiet. When I  
17 hear people complaining about a few medical emergency  
18 helicopter flights next to their waterfront dock too  
19 noisy or it takes a little bit longer to get to  
06:53 20 University Village because there's a family with cancer  
21 in a car that's trying to reach Children's, it's  
22 outrageous.

23 I think Seattle will not be a world-class city if  
24 the interests of a selfish few are heard over the call  
06:54 25 for justice for healthcare for children. I don't think

H1-28 Cont

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06:54 1 this is an issue of simply neighborhood zoning. It's an  
2 issue of social justice and healthcare.

3 Thank you.

4 MR. RINGGOLD: Thank you.

06:54 5 Tony Lee. I can't read this one. It's Susan,  
6 maybe Heynes.

7 TONY LEE: I'm Tony Lee. It's T-o-n-y and then  
8 Lee, L-e-e. I'm the advocacy director at Solid Ground,  
9 which is a social services and housing agency that  
06:54 10 serves low-income families throughout Seattle and  
11 King County.

12 We know that Children's Hospital will be required  
13 to replace over 130 units of housing. Solid Ground  
14 knows that Children's Hospital is absolutely committed  
06:54 15 to that goal. In fact, I think we believe that  
16 Children's Hospital will exceed that goal, that  
17 requirement.

18 Children's Hospital presently is working with  
19 Solid Ground to develop low-income housing units for  
06:55 20 families and individuals at Sand Point Magnuson. As a  
21 first step toward that goal, Children's has made a  
22 commitment to contribute financially to the first stage  
23 of 52 units of low-income housing for families and  
24 individuals.

06:55 25 We look forward to continuing to work with

H1-28 Cont

H1-29

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06:55 1 Children's Hospital in providing much needed low-income  
2 housing for families and individuals in northeast  
3 Seattle. Thank you.

4 MR. RINGGOLD: Thank you.  
06:55 5 Susan. I'm sorry, I can't read your last name  
6 here. Followed by Colleen McAleer.

7 SUSAN HEATH: Good evening.  
8 My name's Susan Heath, H-e-a-t-h. I am a senior  
9 vice president at Children's and I am the chief nursing  
06:55 10 officer.

11 It has been in my capacity as the chief nursing  
12 officer that I see on a daily basis the hardships we are  
13 confronted with in providing beds for all the children  
14 who need them. This winter we turned away 18 children  
06:56 15 who needed intensive care services. This June, the  
16 month that we just completed, our hospital operated at  
17 90 percent occupancy for the -- during the month. For  
18 the past six months we have been at capacity. I've been  
19 in the medical center for 28 years and I have never seen  
06:56 20 the demand be so high.

21 It is more urgent than ever that Children's  
22 expands to meet today's needs and those of the future  
23 generations of the children of our region. Over the  
24 past couple of months the hospital leaders with myself  
06:56 25 in the lead have met on a weekly basis to see how we can

H1-29 Cont

H1-30

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06:56 1 meet the demands that we were confronted with, how we  
2 could streamline our efforts to most efficiently and  
3 safely treat our patients, but there is only so much  
4 that we can do with the room we have.

06:57 5 Every patient that comes through our doors  
6 deserves the best treatment, and care and that includes  
7 a bed available to them when the child and their family  
8 need it. For the children who need a heart, a liver, or  
9 intestine transplant, the closest hospital where they  
06:57 10 can get the care they need is in California. If we do  
11 not continue to move forward and expand, we will  
12 continue to endure the kind of strain that running at or  
13 near capacity puts on our entire system.

14 Alternative 7 is a reasonable alternative for the  
06:57 15 hospital and for the community. I urge the City to act  
16 positively on behalf of Alternative 7.

17 Thank you for the opportunity to speak.  
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06:57 20 Non-supportive testimony is redacted  
21 because it does not support this appeal. It  
22 can be found in Exhibit E of the FEIS.  
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H1-30 Cont

H1-31

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Non-supportive testimony is redacted  
because it does not support this appeal. It  
can be found in Exhibit E of the FEIS.

H1-35 Cont

H1-36

H1-37

H1-38

CATHERINE HARGER: My name is Catherine Harger.

My last name is spelled H-a-r-g-e-r.

As I arrived this evening, I was approached by a  
personable young lady with badges asking me if I were a  
friend of Children's. You bet I am. I did part of my  
medical school training, my residency, and my fellowship

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DEAN McMANUS: My name is Dean McManus,  
D-e-a-n M-c-M-a-n-u-s. And I live on Sand Point Way in  
a condominium that is just south of the Hartmann.

I can look out the window and I see the traffic.

I have two comments, which are really questions about

07:03 15

the DEIS, to which I do not see answers. One is the  
DEIS says that the four -- in the building in the plan,  
the four traffic signals between Northeast 45th and  
Northeast 50th will be coordinated, but the traffic  
signal at 45th and a very short distance away at

07:03 20

36th Avenue Northeast are also pedestrian operated.

Now, today I can look out my window at commute time and

see -- and know when pedestrians are using those

crossings because the cars are backed up from the signal

at 45th about two-thirds of the way past our condominium

07:04 25

and even at times down to the Hartmann. That is today.

H1-39 Cont

H1-40

H1-41

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Non-supportive testimony is redacted  
because it does not support this appeal. It  
can be found in Exhibit E of the FEIS.

Claire Van Wingerden.

CLAIRE VAN WINGERDEN: C-l-a-i-r-e v-a-n

H1-41 Cont

H1-42

H1-43



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07:05 1 W-i-n-g-e-r-d-e-n.

2 My name is Clair Van Wingerden and I'm here to  
3 urge your support of Alternative 7 of the draft of the  
4 Environmental Impact Statement.

07:05 5 Alternative 7 clearly both addresses the concerns  
6 of the neighborhood and allows for much needed hospital  
7 expansion within a single center.

8 Based on my experience as a volunteer tutor in the  
9 school room at Children's, working with children who  
07:06 10 spend months and sometimes even a year or more at the  
11 hospital, I also want to comment specifically on the  
12 importance of expanding the hospital in its existing  
13 location rather than building a second facility  
14 elsewhere as has been suggested.

07:06 15 Having a single center allows for comprehensive,  
16 integrated services providing both the best in medical  
17 care and numerous support services. For example, the  
18 school room where I volunteer employs four full-time  
19 certified teachers with additional full-time teaching  
07:06 20 staff in the psychiatric unit. This ensures that the  
21 children can continue their education while receiving  
22 treatment. Replicating these educational services and  
23 other services at a second location would not be  
24 cost-effective.

07:06 25 Additionally, the current hospital campus, a mixed

H1-44

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07:06 1 urban/residential setting with surrounding green space  
2 and open areas, is restful and welcoming to patients and  
3 families. It would be difficult to find a second  
4 location with similar appeal. Both parents and  
07:07 5 children, especially those in residence for long  
6 periods, comment on the sense of comfort and community  
7 they get in this setting. One father returning for his  
8 son's second round of chemotherapy said to me, it's good  
9 to be back. I found this a remarkable commentary on the  
07:07 10 hospital environment.

11 I urge you to support Alternative 7 and allow this  
12 valuable community asset to grow. Thank you.  
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Non-supportive testimony is redacted  
because it does not support this appeal. It  
can be found in Exhibit E of the FEIS.

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Non-supportive testimony is redacted  
because it does not support this appeal. It  
can be found in Exhibit E of the FEIS.

SHANNON PHILLIPS: I'm Shannon Phillips,  
P-h-i-l-l-i-p-s.

I'm a Seattle resident. I'm a parent who had a  
child at Children's for three weeks last December. Like  
anybody probably was there, I was thrilled to have it,

H1-45 Cont

H1-46

H1-47

H1-48

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07:10 1 and it was obviously a natural choice for us living in  
2 the city, but what you realize when you're at Children's  
3 is you're sharing a room with a mother and child who  
4 live in a small town in Alaska and they're here because  
07:11 5 it's just not going to happen that they're going to have  
6 a first-class medical center that can provide what  
7 Children's does in Alaska. Or maybe it's the family  
8 from Eastern Washington that economically could not  
9 afford this at all. And yet Children's Hospital is  
07:11 10 making this world-class care available, and at a time in  
11 our country when healthcare for children is an ever  
12 scarcer resource. The fact that Children's continues to  
13 be committed to providing this to people regardless of  
14 their income is something we should be supporting.

07:11 15 I've been speaking in support of Alternative 7  
16 because I believe it appropriately balances this  
17 incredible public need with legitimate concerns of  
18 neighborhood residents. Children's is a leader in  
19 getting people out of their single-occupancy vehicles,  
07:11 20 and based on that record, this is not just talk when  
21 they say they're committed to increasing that.

22 I think Children's can continue to be a leader  
23 that will inspire others as we as a city grow and need  
24 to get people out of their habits of getting in their  
07:12 25 cars and driving everywhere. The growth is focused on

H1-48 Cont

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07:12 1 the corner where traffic and business are heavier as  
2 opposed to in the neighborhood. And of course as we all  
3 know, Alternative 7 has worked to mitigate the concerns  
4 about the impact on views.

07:12 5 Thank you very much.  
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Non-supportive testimony is redacted  
because it does not support this appeal. It  
can be found in Exhibit E of the FEIS.

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H1-48 Cont

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because it does not support this appeal. It  
can be found in Exhibit E of the FEIS.

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PAULO NUNEZ: Hi. My name is Paulo Nunez, and I  
have the privilege to be the transportation manager for  
Children's.

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In my previous job, I worked for King County Metro  
and my job was to review the commute program to other  
major employers in the region and I saw what other  
employers did to mitigate their traffic. And I have to  
say that there is not another employer in our entire  
region that's doing as much as Children's is doing to  
get people out of their cars to create alternatives to  
driving alone and to help people get to work without  
their automobiles.

We have been really progressive also in our  
proposal as part of the Draft Master Plan in working  
with the City to look at innovative ways that we can  
look at our roadways and look not just -- not just ask  
ourselves how can we get more cars through these roads,  
which is a vicious circle that creates more traffic, but  
really asking ourselves how can we get more people  
through these intersections, how can we make our  
transportation infrastructure carry more people to where  
they need to go, and that means getting people out of

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07:19 1 their cars. That means being really innovative in ways  
2 that we approach how we're looking at transportation.

3 And I have to say it's such an honor for me to do  
4 this kind of work for an organization like Children's  
07:19 5 that has said, we would like to be the best  
6 Children's Hospital, we would like to have the best  
7 education program, and we're offering -- I've got 30  
8 seconds. Who's supplying all this great stuff to you?

9 We -- our record is really quite good in that.  
07:19 10 For example, the latest bike-to-work month, we had more  
11 people than Microsoft and Boeing and  
12 University of Washington, than the City of Seattle, than  
13 King County participating in this program. We have a  
14 program where we are going to create a system of  
07:20 15 shuttles that connects the transit, and I've got emails  
16 saying to me now since we started this in -- last month,  
17 thank you so much for setting up this -- the shuttle  
18 system, I'm thinking of selling my car. Thank you.

07:20 20

21 Non-supportive testimony is redacted  
22 because it does not support this appeal. It  
23 can be found in Exhibit E of the FEIS.

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H1-56 Cont

H1-57

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Non-supportive testimony is redacted  
because it does not support this appeal. It  
can be found in Exhibit E of the FEIS.

H1-64

SARA KRUSE: Hi. My name is Sara Kruse, and  
that's K-r-u-s-e.

I'd like to thank everyone for letting me speak  
tonight.

In the past seven years I've had multiple  
opportunities to see firsthand impact

H1-65



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07:23 1 Children's Hospital has made on the families in our  
2 community and beyond. I'm a volunteer of the  
3 Ronald McDonald House nearby. I have many friends who  
4 require the services of Children's Hospital, but most  
07:23 5 significantly my family has needed the care at  
6 Children's Hospital often. Because of my two daughters'  
7 different health challenges, I have visited a number of  
8 different units at Children's, including the ICU, the  
9 regular inpatient floor, the emergency room, surgery,  
07:24 10 and specialty clinics.

11 I can see firsthand that Children's needs to grow;  
12 it needs to grow large. The times my daughters have  
13 stayed inpatient at the hospital either after surgery or  
14 recovering from an illness, we have shared rooms with  
07:24 15 other families, as many as four families in a room.  
16 From experience, I know that single-patient rooms reduce  
17 risks for already medically challenged children. When  
18 you share a room with other families, you increase the  
19 chance of passing infection and virus and it reduces  
07:24 20 your privacy and decreases the ability for parents and  
21 medical staff to communicate. Children's Hospital needs  
22 to expand and add single-patient rooms, and it takes up  
23 space. It's not just for accommodating convenience but  
24 for safety and quality of care.

07:24 25 The children I know who receive care at the

H1-65 Cont

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07:24 1 hospital, a large number of them need specialized care  
2 for multiple health problems. In the event that the  
3 care at Children's was decentralized, the quality of  
4 care would decrease. Having one centralized location,  
07:25 5 Children's Hospital maintains the ability to offer  
6 medically fragile children comprehensive care such as  
7 the services of nutrition, physical therapy, pain  
8 management, or access to multiple specialists. Even  
9 when I was in the hospital with my own children,  
07:25 10 sometimes unexpected health concerns arose requiring  
11 things we didn't -- didn't know we were going to need.  
12 Thankfully the staff was there to help us.

13 A number of children that come to the hospital  
14 travel distances for expert care. One of my friends has  
07:25 15 come with a child now from Alabama because their  
16 daughter needed a bone marrow transplant. The reason  
17 they came here is because their daughter's chances for  
18 survival were greatest here than anywhere.  
19 Children's Hospitals can continue to invite people like  
07:25 20 that to come for care. We need to grow; we need to grow  
21 large.

22 MR. RINGGOLD: Thank you.

23 And we've covered about 35 people so far. There  
24 are 65 left. I'm sorry, oh, okay. Much better. We  
07:26 25 only have 35 people left. So half the people have

H1-65 Cont

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07:26 1 spoken. We have a quarter of the time left to us. I'm  
2 willing to extend to an extra half hour but recognize  
3 that the meeting was slated till 8:00 o'clock. People  
4 are certainly welcome to stay if they'd like. So I'd  
07:26 5 like to tack an extra half hour on here.

6 Yes, we also have a court reporter ready to take  
7 your comment more privately at the back of the room. So  
8 if you would like to take your comment there, by all  
9 means.

07:26 10 MARK MENDELOW: My name's Mark Mendelow. That's  
11 M-e-n-d-e-l-o-w.

12 I've lived in Laurelhurst for seven years while  
13 also having the distinct pleasure of working at  
14 Children's Hospital where I'm the manager for patient  
07:26 15 and family relations.

16 On a personal level, last year my partner and I  
17 were foster parents for a 14-year-old nephew who came to  
18 us both in physical and emotional crisis. He needed  
19 urgent psychiatric care, which he received at  
07:27 20 Children's, along with much needed counseling. He also  
21 needed surgery, but because the demand for Children's  
22 specialty care is so high and space is so limited, we  
23 waited two months for a surgical evaluation and another  
24 two months for a surgery.

07:27 25 On a professional level, in my current role I'm

H1-66

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07:27 1 often the person responsible for informing families at  
2 the last minute that their child's surgery must be  
3 postponed. It takes significant emotional and practical  
4 preparation to get ready for a child's operation,  
07:27 5 arranging time off for work, care for siblings, and  
6 having extended family come from out of town to help.  
7 What other nightmare to then learn on the day of the  
8 operation that because of a lack of beds in the ICU the  
9 surgery must be postponed. Our office fields calls from  
07:27 10 anxious and frustrated parents unable to get time in the  
11 clinic. At times families can spend up to 15 hours in  
12 the emergency department waiting for an inpatient room.  
13 These exhausted and overwhelmed parents then often learn  
14 that they have to share a room with another ill child  
07:28 15 and that child's family.

16 As a homeowner and a neighbor, I can appreciate  
17 the concern about the potential impact of a major  
18 expansion; however, I also see all that is being done to  
19 develop a plan that is sensitive to the community. I  
07:28 20 have almost 25 years of experience as a pediatric social  
21 worker and can very comfortably say that  
22 Children's Hospital in Seattle is an incredible asset to  
23 our community and a nationwide leader.

24 I wish to express my support to Alternative 7 and  
07:28 25 fully support an expansion that will allow the hospital

H1-66 Cont

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07:28 1 to provide ready access to any child in need of care. I  
2 would like my job to go away, and I'd like to thank  
3 everyone here for listening.

4 MR. RINGGOLD: Thank you.

07:28 5 Anne Leavitt, followed by Gisela Schimmelbusch.

6 ANNE LEAVITT: I'm Anne Leavitt, A-n-n-e  
7 L-e-a-v-i-t-t.

8 I'll keep this brief. I've lived in the  
9 neighborhood just a few blocks from the hospital for 17  
07:29 10 years. When my husband and I bought our house having  
11 three young children, we viewed the presence of the  
12 hospital in the neighborhood as a big asset, never as a  
13 detriment to living in the neighborhood. I think it's  
14 always been a good neighborhood. I have never had a  
07:29 15 problem as someone living in a neighborhood with the  
16 hospital.

17 My support for the hospital moved from being just  
18 theoretical to personal last year. My youngest child  
19 had cancer and was treated in 2007 at Children's. We  
07:29 20 felt enormously blessed to have this institution with  
21 world-class care right here at the edge of our  
22 neighborhood. We could walk to and from the hospital  
23 for appointments, for admissions.

24 I want to support everything other parents of  
07:30 25 children who have been treated there have said. It's a

H1-66 Cont

H1-67

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07:30 1 wonderful institution, and I want to stand here also as  
2 someone who lives very close to the hospital and a  
3 neighbor who has always supported the presence of  
4 Children's Hospital in our neighborhood. Thank you.

H1-67 Cont

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Non-supportive testimony is redacted  
because it does not support this appeal. It  
can be found in Exhibit E of the FEIS.

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H1-70

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JIM COLE: Good evening.

11

My name is Jim Cole, J-i-m C-o-l-e.

12

Born and raised here in Laurelhurst, third

13

generation here in Seattle, and thanks for the

14

opportunity to speak at this meeting and for this

07:35 15

meeting in general.

16

I've been listening with a great amount of

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interest, and respect a variety of opinions. I live in

18

Laurelon Terrace along with a number of other people.

19

First for clarification, with Children's and Laurelon,

07:35 20

Children's did not actively or nonactively solicit our

21

support and ultimately our agreement to work with

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Children's. We came to them. They did not come to us.

23

So I just want to be clear on that point.

24

Our relationship with Children's over the number

07:36 25

of years, and I've lived there 20 years, between

H1-74 Cont

H1-75

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07:36 1 Children's and our board has always been a friendly one  
2 concerning engineering or construction matters. It's  
3 been sensitive to that, to our needs during the  
4 workweek, and there's been no activity during the  
07:36 5 weekend.

H1-75 Cont

6 From the geographical point on the two -- the two  
7 properties, the reason why it makes sense and -- is  
8 because of the contiguousness of the two spaces there.  
9 It's a natural fit for Children's to -- 30 seconds.  
07:37 10 Well, let's see. As I grow older, I realize that men  
11 are not as quick as women so we take some -- one -- you  
12 know, there's two matters, a human need and there's an  
13 engineering need. The human need is we have to make  
14 sure we save as many kids as we can, hopefully a hundred

H1-76

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Non-supportive testimony is redacted  
because it does not support this appeal. It  
can be found in Exhibit E of the FEIS.

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Non-supportive testimony is redacted  
because it does not support this appeal. It  
can be found in Exhibit E of the FEIS.

H1-80 Cont

Nancy McIntosh, followed by Deborah Rappaport.

NANCY MCINTOSH: Nancy McIntosh is M-c, capital I,  
n-t-o-s-h.

No, I'm not going to change anyone's feelings here  
tonight. I'm just going to present a little different  
picture that hasn't been presented. I'm a floor  
volunteer for the surgical unit and I'm going into my  
14th year as a volunteer at Children's. I started out  
two days a week, but if I'm -- and what I normally do is  
go and be a presence for infants who do not have any

H1-81

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07:41 1 parental presence. Of everyone here, you all would be  
2 in the room with your child, but that isn't true for  
3 many different reasons. So I go and I'm with a baby and  
4 I might go four, five, or even six times a week if  
07:41 5 that's necessary.

6 So I know that we don't think of it in those  
7 terms, but when you say we're -- I'm proud to be a  
8 friend of Children's, but I'm more proud -- at the risk  
9 of sounding dramatic, which I don't want to be or do,  
07:41 10 I'm more proud that Children's is a friend of many  
11 parents, family, and children who don't always have the  
12 support around them that they require. So God bless.

13 MR. RINGGOLD: Thank you.

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Non-supportive testimony is redacted  
because it does not support this appeal. It  
can be found in Exhibit E of the FEIS.

H1-81 Cont

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07:51 1 Mary Hausladen, H-a-u-s-l-a-d-e-n. House with a small  
2 shop.

3 I'm here both today as a neighbor and as a mother.  
4 As a neighbor, I've lived in the University District for  
07:52 5 18 years and realize the impact of the traffic and bulk  
6 and size of the building. However, I believe that  
7 Alternative 7 is a good alternative that mitigates many  
8 of the issues that have been raised by the neighborhood.

9 As a mother who has had a son's life altered by  
07:52 10 Children's Hospital, I want that same opportunity for  
11 other children, the ability to have the kind of research  
12 that goes on there by Dr. Chappie Conrad and by the  
13 other doctors there. To be very innovative in medicine  
14 is not only beneficial to our community but to the  
07:52 15 United States at large. I know many children have gone  
16 there to get care that they could not get anywhere else.

17 Yes, people will be inconvenienced. People will  
18 have to change. Perhaps people need to think of other  
19 alternatives in their own neighborhood in terms of how  
07:53 20 they get in and out. But I think we all need to realize  
21 an institution like this is worth a lot to us more than  
22 just the community. Thank you.

23 MR. RINGGOLD: Thank you.

24 Kevin Steffa, followed by Gerry Pollet or  
07:53 25 Gerry Pollet.

H1-93 Cont

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Judy Endejan.

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JUDY ENDEJAN: Hello. My name is Judy Endejan,

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like a yawn, but don't fall asleep. It's E-n-d-e-j-a-n.

23

I'm a Seattle resident. I'm a mother of a

24

14-year-old son who has been treated at Children's and a

07:58 25

good friend of mine's 14-year-old son died of leukemia

H1-96

H1-97

H1-98

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07:58 1 after being treated at Children's so I cannot sing the  
2 praises of Children's enough here. I'm here to make a  
3 couple of limited points that are maybe more macro than  
4 micro in detail.

07:58 5 And my first point here is, frankly, the cost of  
6 living in a civilized society is that public policy  
7 makers have to weigh competing interests and come up  
8 with a solution, and what I heard tonight are two  
9 huge -- two interests, one which clearly outweighs the  
07:58 10 other. We're talking about lives, children's lives  
11 being weighed against quality of life. I'm not saying  
12 that quality of life is not important. I'm saying that  
13 the lives of children are more important, and I think  
14 that we as humans have to recognize that and place that  
07:59 15 as a value in the decision-making process.

16 I support Alternative 7. I believe that  
17 Children's has worked tirelessly to work with the  
18 community to come up with a program. What I'm hearing  
19 tonight -- I'm an attorney, I've heard this before, I've  
07:59 20 been to countless public hearings -- is the classic "we  
21 support Children's but not in my backyard. Go somewhere  
22 else." Well, that's not the solution.

23 I'm urging -- I want to get on the record my  
24 urging DPD to not be weighed down by process. Seattle  
07:59 25 is a city that will gaze at its navel forever to try to

H1-98 Cont

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07:59 1 address the concerns of everybody, and consequently not  
2 many things get done. There's a clear, urgent need for  
3 this expansion. I would urge that all concerns that  
4 have been presented should be heard, but not all  
07:59 5 concerns can be addressed. Tough decisions have to be  
6 made and I would urge public policy makers to err on the  
7 side of lives of children. Thank you.

H1-98 Cont

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Non-supportive testimony is redacted  
because it does not support this appeal. It  
can be found in Exhibit E of the FEIS.

H1-99

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PETER BUCK: And I did sign up. I applaud the EIS and hearing process that you're doing tonight and am confident that these processes will lead to appropriate mitigations for Laurelhurst and Bryant.

To mitigate, however, means to lessen the impact, not to eliminate. I am one of the parents who was very blessed by past decisions made by the City and by Children's and there was a bed available for my son in one of the most devastating nights of my life. The poor kid didn't deserve to have happen to him what did, and we were told to go there immediately and he was admitted immediately.

08:11 20

As a region, I believe no neighborhood has the right to say not in my backyard to needed regional facilities and that is what it sounds like. We live in a region and I bet that every day or every week

08:11 25

H1-110 Conl

H1-111

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3:11 1 Laurelhurst speakers who spoke tonight and plead for no  
2 change in their neighborhood have been taking advantage  
3 of the regional facilities in other neighborhoods in our  
4 region who have accommodated regional needs.

3:12 5 My family has been here since before statehood and  
6 I am very aware of the changes and the regional  
7 facilities and neighborhoods that Laurelhurst takes such  
8 advantage of. They drive on I-5, they drive on 405,  
9 they drive on SR-520, on I-90, they use downtown, all of  
3:12 10 those are places where there were neighborhoods just as  
11 special as Laurelhurst. And it is unfortunate. They  
12 all suffered.

13 But we have a much better time today to look at  
14 how to mitigate impacts, and just as Laurelhurst has  
3:12 15 been provided for by other neighborhoods for regional  
16 facilities that they use, I suggest that it is their  
17 duty to let this happen. Now, they aren't going to  
18 accept that, but maybe I would say it's the duty of this  
19 City. This is a regional facility. Thank you.

3:12 20 MR. RINGGOLD: Thank you, David.

21 All right. Well, thank you all very much for  
22 coming out tonight, for staying a little bit later.

23 (Whereupon, the proceedings  
24 concluded at 8:13 p.m.)  
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H1-111 Cont



CHILDREN'S HOSPITAL  
AND REGIONAL MEDICAL CENTER  
MAJOR INSTITUTION MASTER PLAN  
ENVIRONMENTAL IMPACT STATEMENT  
PUBLIC HEARING

REPORTER'S TRANSCRIPT OF COMMENTS  
JULY 10, 2008

NORTHWEST HORTICULTURE SOCIETY HALL  
UNIVERSITY OF WASHINGTON  
3501 NORTHEAST 41ST STREET  
SEATTLE, WASHINGTON

REPORTED BY: Kim Scheuerman, CCR # 2517

Non-supportive testimony is redacted because it does not support this appeal. It can be found in Exhibit E of the FEIS.

H2-16Cont

BENJAMIN DIAMENT: My name is Benjamin Diament, D-i-a-m-e-n-t. I'm a relative newcomer to Laurelhurst having moved to a home several blocks from here only two and a half years ago. I wish to voice my support for keeping Children's Hospital the world class institution that is its potential. For me as a new neighbor, one of the main attractions is the caliber, world class biological and medical research institutions here, including the non profits in our area: The University of Washington, the Fred Hutch, the Institute for Systems Biology in Fremont, as well as a number of industry institutions in the city.

H2-17

Children's Hospital status to become another excellent nonprofit research center, let's be proud to have such a great institution as a neighbor and let's give this institution all the support it needs. Let's be a part of making our city a leader in medical research of bringing world class doctors and research here to our city and

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providing our children with a world class facility they deserve.

Thank you to all the Seattle Veterans to making the city everything that made me fall in love with it. Let's build this institution to keep this great for decades. I support the expansion.

**H2-17 Cont**

JEN RUBINSTEIN: My name is Jen and I am here to discuss the need for expansion of Children's Hospital through my experience as a parent. My daughter, Vega, was born almost one year ago and diagnosed with congenital heart disease shortly after birth. This meant that she, and we as a family, spent the first five weeks of her life staying at Children's Hospital.

This expansion project not only offers to give complete specialized care to children with various needs, but to provide overnight and even long-term care. There have been days when I have spent five, six hours at outpatient appointments seeing multiple specialists that are all housed in one location. I cannot imagine how difficult and time consuming this would be if I had to have separate appointments in a variety of locations.

**H2-18**

My most recent experience in overnight care will hopefully drive home the absolute need for more single occupancy rooms. First, you need to picture the typical

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double room. It is rectangle in shape with a door at one end and a set of windows at the other. There are two beds with seating separated by a cloth curtain. The bathroom sits at the end by the windows. If you are by the door end, you must cross in front of the other patient and family to use the bathroom, and they must pass by you to get in and out of the door.

Two nights ago as my daughter was hospitalized after a minor procedure we were placed on the end by the door and shared the room with a five-week old baby needing gastric surgery. Since she was slated for surgery and had a history of vomiting, she was being fasted. This meant she woke up every one to two hours and cried or would just cry continuously taking short breaks.

Our shared space is divided by a thin curtain. Every time her monitors rang, the nurses opened the door next to us, the light and hallway noise came in, and they would go over to help settle the baby. If the lights go on on one side, your area is also lit. There are no real private conversations for the family or the doctors, even at these stressful moments.

Needless to say, my daughter had a fitful night's sleep, and I had none. Not good for the patient or family. And I haven't even really touched on the possible amount of germ or disease transmission that can occur with an entire family

H2-18 Cont

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or friends sharing a small space with an already sick or compromised child. This alone would be reason enough to provide more segregated bed space.

Due to her condition we are expecting to spend many more weeks at this hospital through her childhood. Considering the already emotional and physical stress of the situation, it would be nice to know that the time she or any other sick child has to spend in a hospital would be the best we could make it.

I really think that the people of this community would prioritize the care of a sick child and listen to the ways in which this hospital is doing all it can to meet the needs of both its patients and the community it serves.

SHAE WYATT: This is basically a recap of what I gave. It's a good idea to have an expansion with the Bryant and Laurelhurst neighborhood. Concerns needs to be addressed. That's it.

(Comments adjourned at 8:10 p.m.)

H2-18 Cont

H2-19

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STATE OF WASHINGTON ) I, Kim Scheuerman,  
 ) ss CCR 2517 a  
County of Snohomish ) duly authorized Notary  
 Public in and for the  
 State of Washington  
 residing at Edmonds,  
 do hereby certify:

That the foregoing Transcript of Comments was taken before me and completed on July 10, 2008, and thereafter was transcribed under my direction; that the transcript is a full, true and complete transcript of the testimony of said witness, including all questions, answers, objections, motions and exceptions;

That I am not a relative, employee, attorney or counsel of any party to this action or relative or employee of any such attorney or counsel and that I am not financially interested in the said action or the outcome thereof;

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this 17th day of July 2008.

Kim Scheuerman  
Notary Public in and for the State  
of Washington, residing at Edmonds.